



Kutztown University of Pennsylvania Permit to Study at Another College

OFFICIAL USE ONLY
Signature: _____
Date: _____

Student ID: _____

Session: Fall Spring Winter Summer Year: _____

Name: _____

Dates of Sessions- Begins: _____ Ends: _____

Address: _____

Do you expect to graduate at the end of this session? Yes No

If yes, you must fill out a graduation application.

City: _____ State: _____ Zip: _____

Were you enrolled at Kutztown during previous semesters (excluding summer)?

Phone Number: _____

Yes No

Email Address: _____

BSBA Majors need Dean and Dept. Chair approval for Core courses
BSED ELU Majors need Department Chair's approval for all courses

Curriculum/Major: _____

Name of institution you wish to attend: _____ State: _____

PLEASE READ CAREFULLY: *Your request will not be processed if your records are sealed for an indebtedness to the University.* All requests to study at another institution **MUST** include a description (s) of the course(s) you wish to take at the other institution if the course(s) were not previously evaluated for transfer credit. Permission will **NOT** be granted for any course(s) taken at Kutztown University and passed with a grade of D or higher. Although credit may be earned for a course taken at another institution, it will **NOT** count as a repeat nor will it be included in determining one's quality point average and it may **NOT** be taken subsequently at Kutztown University. A failed course **MUST** be repeated at Kutztown University in order to improve one's quality point average.

Course to be Taken		Course at KU (see transfer evaluation table)			OFFICIAL USE ONLY		GR
Department/ Course Number/ Title	Credit Hours	Department/ Course Number/ Title	Credit Hours	Approved Yes No		Reason for Denial	
1							
2							
3							
4							
5							
6							

Please read the following statements:

- If a prerequisite or corequisite is required, I assume responsibility for the required level of proficiency.
- I assume responsibility for meeting with my academic advisor to discuss applicability of course(s) to meet degree requirements.
- No credit in transfer will be posted until an official transcript has been received by the **Office of the Registrar.**
- It is the student's responsibility to request that transcripts be mailed as soon as coursework has been completed.
- If you intend to take more than 18 credits in one semester you are required to obtain a signature from your Department Chair.

Student Signature: _____ **Date:** _____ ***Dean Signature:** _____ **Date:** _____

(for new course approvals, Business Majors/Core Courses)

Advisor Signature (Recommended): _____ **Date:** _____ ***Chair Signature:** _____ **Date:** _____

(for new course approvals, Business Majors/Core Courses)