

Print Name

REQUEST FOR PERMISSION TO TAKE COURSE AT ANOTHER INSTITUTION

Albert A. Sheen Campus | RR1, Box 10,000 | Kingshill, VI 00850-9781 St. Thomas Campus | #2 John Brewers Bay | St. Thomas, VI 00802-9990

To be completed by students						
To be completed by student:						
Student Name (please print)						
Student ID:						<del></del>
Email Address:						
Mailing Address:						
Name of institution at which you would	like to take the cou	urse: (ple	ease print)			
Mailing Address:						
Term you intend to take the course:	☐ Summer	□ Fa	I □ Sp	oring	Year	··
$\square$ Check here to verify that you have a to attend.	attached the accred	ditation in	nformation of t	he scho	ol/colleg	je/university you plan
☐ Check here to verify that you have a attend.	attached the course	e descrip	tion from the s	school/c	ollege/u	niversity you plan to
Title of Course (s)	Course Numl	ber	Credit Ho	urs	UVI's	Equivalent Course
The University of the Virgin Islands will (Undergraduate only).	accept transfer cre	edit(s) if	the student at	tains a (	grade of	"C" or above.
The University of the Virgin Islands will above. (Graduate only).	accept transfer cre	edit(s) if	the student at	tains a (	grade of	"B" or GPA of 3.0 or
APPROVALS:						
Advisor of School/College:				□Ар	proved	☐ Disapproved
	Signature		Date			
Dean of School/College:				□ Арј	oroved	☐ Disapproved
Signature			Date			
Registrar or Associate Registrar of Access and Enrollment Services Signature Date						Date
STUDENT'S STATEMENT						
I understand it is my responsibility to request to Office of the Registrar upon completion of the				VERSITY	OF THE	VIRGIN ISLANDS,

Student's Signature

Date