



Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 [registrar@glenville.edu](mailto:registrar@glenville.edu)

Student's Name \_\_\_\_\_ GSU ID# \_\_\_\_\_

Permanent Address \_\_\_\_\_

Transient Institution Name \_\_\_\_\_

Institution City & State \_\_\_\_\_ Branch Campus \_\_\_\_\_  
(if applicable)

Enrolling:  summer  fall  winter  spring Year: \_\_\_\_\_ Term dates (from/to): \_\_\_\_\_

Graduating in term selected above?  No  Yes (If yes and you will not be enrolled in any GSU classes during the term indicated above, you must complete an *Academic Petition* form requesting permission to complete your last classes through another institution. The petition must accompany this form. Also refer to No. 2 below.)

For term indicated above: # of GSU credits \_\_\_\_\_ plus # of transient credits \_\_\_\_\_ = total # of credits \_\_\_\_\_  
(If total is more than 18 for fall/spring (undergraduate) or 9 (graduate), or more than 12 for summer/winter (undergraduate) or 9 (graduate), refer to item No. 3 below)

GLENVILLE STATE UNIVERSITY COURSE(S)

TRANSIENT COURSE(S)

SUBJ	CRS	Title	CR	SUBJ	CRS	Title	CR
Ex. MATH	115	College Algebra	3	Ex. MATH	1112	College Algebra	3

By signing this form, I understand and agree to the following:

- I have the required overall 2.00 GPA.
- If graduating after the completion of the course(s) listed on this request, I must provide proof of being enrolled in above course(s) to the Registrar's Office before I will be added to the prospective graduation list.**
- I will attach a *Request to Carry Extra Hours* form if my total credit load for the term exceeds the maximum.**
- Upon request, I may need to provide a copy of a course syllabus or course outline.
- The above course(s) do not count toward being full-time status at Glenville State University.
- I will not receive financial aid for the course(s) listed above.
- The grades earned will be posted to my academic transcript and be calculated in my cumulative overall GPA.
- I must provide an official transcript of the above course(s) to Glenville State University after completion.
- It is my responsibility to provide a copy of this form to the institution indicated above if they require a copy.

Reason(s):  Class not being offered at GSU  Repeating  Improve GPA  Stay on track

Other (please specify): \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

STATEMENT OF GOOD STANDING: This student is currently in good academic standing with GSU.

Approved  Denied

Registrar's Office \_\_\_\_\_

Date \_\_\_\_\_

Comments: \_\_\_\_\_