

Permission To Transfer Credit Form — Instructions

Important: Once admitted to the university, a student should obtain written approval from his or her academic dean before taking courses at another institution with the intention of transferring toward a University of Mississippi degree. This form should be used by Freshman Studies and students enrolled in the Bachelor of General Studies or the Bachelor of University Studies program. Students enrolled in programs under other schools at the University of Mississippi should consult their respective academic deans' offices for the appropriate form.

*** Important note for Freshman Studies:** We only guarantee that the courses will transfer back to UM. We do not guarantee that they will specifically fulfill a requirement for the major that you ultimately decide to pursue.

1. Print this form and fill it out completely. PRINT CLEARLY.
2. Submit the completed form to the Office of General Studies. It may be submitted by one of the following methods:
 - a. In person at Jackson Avenue Center, Suite N
 - b. By email as a PDF attachment to **bgs@olemiss.edu**. If submitting the form by email, be sure to sign and date the form before scanning it.
 - c. By fax to (662) 915-5138
 - d. By postal mail sent to the following address:
Office of General Studies
Jackson Avenue Center, Suite N
P.O. Box 1848
University, MS 38677-1848
3. The form will be processed as quickly as possible from the time it is received in the Office of General Studies. If you are requesting to take a course that has not previously been transferred to UM, we will have to send a request to the appropriate UM academic department to review the course and assign an equivalent UM prefix and course number. This can take several weeks, so please be sure to submit your request as early as possible.
4. After the form has been approved, you will receive a signed copy to your UM e-mail address.

Continued



THE UNIVERSITY of
MISSISSIPPI

Revised 12-14-2018

The University of Mississippi, Office of General Studies
Permission To Transfer Credit Form

Student Name ID Number (_____) Telephone Number Email Address

College or University Attending (<i>must be accredited</i>)	Transfer Course Number	UM Equivalent Number	# of UM credits	Semester/Year in which you plan to take the course

Reason for Request:

Anticipated Date of Graduation: Fall Spring Summer Year: _____

If requesting dual enrollment:

If requesting dual enrollment (i.e., to take the course(s) above during a semester in which you are also enrolled in courses at UM), please fill in the total amount of credit hours you plan to enroll in:

_____ credit hours at UM _____ credit hours at transfer institution

Please read and check the box next to each statement below. Then sign and date the form.

- I am aware that no more than half of the course work submitted for my degree may be from a community college.
- I realize that no more than six (6) of my last twenty-one (21) credit hours may be taken from another institution.
- I understand that it is my responsibility to have an official transcript sent to the UM Office of Admissions in order for my transfer course work to be applied toward my degree. *Faxed transcripts or transcripts hand-delivered by the student are not official.*

Student's Signature

Date

Revised 12-14-2018

BGS OFFICE USE ONLY	
This request has been: _____	_____
<input type="checkbox"/> Approved. Reason: _____	_____
<input type="checkbox"/> Denied. Reason: _____	_____
_____ Office of General Studies Representative's Signature	_____ Date