



Temple University

RETURN FORM TO:

Request for Permission to Take Courses

Fox School of Business & Mgmt

At Another Institution

West Hall 112
580 Meetinghouse Road
Ambler, PA 19002-3999
Phone: 215-283-1399
Fax : 215-283-1401

Name: Mr., Ms. Last First Middle Maiden Name, Previous

Social Security Number Major/Program Anticipated Date of Graduation

Permanent Address Number and Street City State Zip

Local or Dormitory Address

Reason for Request

- 1. I understand that approval is limited to students taking courses outside of commuting distance to Temple.
2. I understand that courses used to fulfill requirements in my major must be approved by my departmental coordinating adviser and that I must submit written approval with this form.
3. I understand that permission is rescinded if my average at Temple University falls below 2.0 or I am placed on academic probation.
4. I understand that credits will be transferred to Temple University only upon completion of the course(s) with a grade of "C" or better.
5. I will request that an official transcript from the institution attended be forwarded to my advising office before the beginning of the next semester.
6. I understand that schools and colleges within the University might not grant credit for coursework taken at a two year institution.
7. I understand that 30 of my last 45 credits must be taken at Temple University.

Student's Signature

I request permission to take the following course(s) during the (check one) ? Summer ? Fall ? Spring 20__

Table with 5 columns: Catalog Page No., Course No. and Department, Course Title, Temple equivalent (to be completed by University Evaluator), Credit Hours. Includes a row for 'Total number of credits to be taken' and a row for 'University Evaluator' and 'Date'.

Approved/ Denied Authorized Signature Date

Reason for Denial