



Shenandoah University
1460 University Drive
Winchester, VA 22601

PERMISSION TO STUDY ELSEWHERE

Name: _____ **Date Submitted:** _____
Last First MI

Student ID#: _____ **Email:** _____

SU College/School: _____ **Major:** _____

Institution where student intends to study:

Name **city** **state** **country**

Semester Studying Elsewhere (circle): Fall Spring Summer **Year:** _____
Deadlines: Fall—August 15th; Spring—December 15th; Summer—April 15th

Purpose of course (circle all that apply): General Education College Core Major Requirement Elective

Transfer Course (A catalog course description and/or syllabus must accompany this form):

Prefix Number Title credits

SU Course: _____
Prefix Number Title credits

Student: _____ **Advisor:** _____
(Signature) (Print)
Advisor: _____
(Signature)

Course Approved/Denied: _____
(Signature of relevant Dean/Director/Department Chair) (Date)

SU Requirement Fulfilled: _____
(To be completed by Dean/Director/Department Chair)

- *Please return this form to your academic college/school (i.e.: Arts and Sciences, Business, Conservatory, Health Professions)*
- *This form is intended for matriculated and/or accepted SU undergraduates and for undergraduate courses only.*
- *Students must have official transcripts from the visiting institution mailed directly to Shenandoah University Registrar's Office, 1460 University Drive, Winchester, VA, 22601.*

Office Use Only:

Date Received (List Office/Individual)
Date Forwarded (List Office/Individual)
Date Returned (List Office/Individual)
Date Approved (By Whom)
Date Filed (Form should be filed with student's academic college/school)