

Office of the Registrar

AVERETT UNIVERSITY

420 West Main Street \* Danville, VA 24541

Phone: (434) 791-5634 Fax: (434) 791-7181

Petition to Take Coursework Elsewhere

Student's Name Date STUDENT ID #

Last First Middle

I intend to take the following courses at: (name and location of accredited college)

For what term? Do you need to be withdrawn from classes? Yes No

TO BE COMPLETED BY STUDENT

\*Please Note: If a course is listed in the transfer guide, the student is responsible for checking with the Registrar's Office. For other courses, department chair should complete this portion.

Table with 7 columns: DEPT COURSE ID, COURSE TITLE, SEM/QTR HOURS, \*\*AVERETT EQUIVALENT, SEM HOURS, \*REG OFFICE Initials, \*DEPT CHAIR Initials

\*\*If no equivalent course exists, the dept may indicate general elective, general education elective or major elective credit. (\*\*Example: Gen Elect, Soc Sci Elect, or BSA Elect)

PLEASE READ: Actual credit awarded is dependent on actual credit earned at the transfer institution and is posted after the official transcript is received. A catalog description--photocopied or hand copied--is required to be attached if the course is not in the transfer guide. It is the student's responsibility to obtain all required signatures and to adhere to all Averett regulations. NOTE: A grade of "C" or better must be earned and an official transcript must be mailed to the Averett University Registrar's Office by the transfer institution in order to be awarded transfer credit. In addition, this course may not duplicate work completed at Averett. A minimum of 60 semester hours of senior college credit must be earned for the baccalaureate degree. The final 30 semester hours toward a degree must be earned at Averett University. I understand the restrictions and my responsibilities associated with taking course work at another institution and the policy transferring coursework back to Averett University.

Student's Signature Phone Number

Mailing Address:

\*\*\*\*\*TO BE COMPLETED BY AUTHORIZED OFFICIALS ONLY\*\*\*\*\*

Registrar: Date:

Original: Student Copies (once all required signatures received): Registrar's Office, Advisor