



Request for Dual Enrollment, Summer Enrollment and/or Request to Complete Last Hours for Graduation Off-Campus

(At least 15 of the Final 30 hours applied toward your degree must be taken at Langston University)

PLEASE USE BLACK INK ONLY

Student Name: _____

Student ID: _____

PROJECTED DATE OF GRADUATION _____ 20_____
(Summer, Spring, or Fall)

I, _____ Date: _____

Request permission to:

Complete the last _____ semester hours of college work for my Bachelor's degree at

_____ and take summer course(s)
Name of Institution

through _____
Name of Institution

PLEASE LIST NAME OF COURSE(S) WITH PREFIX, COURSE NUMBER AND THE TITLE TO BE TAKEN AT ABOVE MENTIONED INSTITUTION:

<i>Prefix</i>	<i>Course Number</i>	<i>Title</i>

Total semester hours not to exceed _____ hours. Combined enrollment must not exceed 18 hours (fall and spring) and 11 hours in summer. **Overloads must be approved by the Dean of School or Chairperson and the VP Academic Dean.**

Advisor Approval

Date

Dean of School or Chairperson Approval

Date

Registrar's Approval

Date

Dean of Chairperson

Date