

OFFICE OF THE REGISTRAR

PERMISSION TO ENROLL IN A COURSE AT ANOTHER INSTITUTION



STUDENT ID NUMBER _____ LAST NAME _____ FIRST NAME _____ MIDDLE _____
If this is a new address/phone #, please indicate what you would like to be updated on your record Address Telephone

STREET ADDRESS/P.O. BOX _____ CITY _____ STATE _____ ZIP _____

DAY TELEPHONE NUMBER _____ EVENING TELEPHONE NUMBER _____ MOBILE/CELL NUMBER _____ E-MAIL ADDRESS _____

IF YOU HAVE FILED FOR GRADUATION: PLEASE NOTIFY THE DEGREE VERIFICATION OFFICE OF THESE CHANGES

I understand in order to be eligible to take a course at another institution I must fulfill the following requirements (check each box as acknowledgement of each requirement):

- I must be a matriculated undergraduate student in good academic and financial standing at the time of application.
- I may not study at another College or University during a term in which I am enrolled at Pace University.
- Obtain pre-approval from the College/School in which I am a major and from the department in which the equivalent Pace course is offered. Courses not pre-approved will not be accepted for transfer credit.
- Maximum of 12 credits may be taken at other Colleges/Universities once I have matriculated at Pace (except for Study Abroad & other Pace approved off-campus programs).
- Attend only a regionally accredited 4 year College or University if I have completed 68 or more Pace and transfer credits.
- Earn a grade of C or better in order to have the course credits transferred to Pace.

Transfer credit cannot be used for recomputation of Pace Grades. All other policies relating to transfer credits, as they appear in the University catalog, remain in effect. Please attach a course description of the course you intend to take at the other Institution.

Pace Cum GPA _____ Degree _____ Major _____ Campus _____ Total Transfer Credits _____ Total Pace Credits _____

I request permission to enroll in the course listed below at _____ (school).

Student's Signature _____ Date _____

APPROVAL OF THE STUDENT'S COLLEGE/SCHOOL AT PACE

Semester	Department	Course #	Course Title at Other Institution	Credits	2 or 4 year school

This student has permission to enroll at the above institution for the course and semester indicated.

Academic Approval Signature _____ Dept. _____ Date _____

DEPARTMENTAL COURSE EQUIVALENCY APPROVAL

Department	Subject	Course #	Course Title	Required / INE	Elective	Credits

The course at the other College/University is equivalent to the Pace course in my dept. and may be accepted for transfer credit.

Chairperson's Signature _____ Dept. _____ Date _____

OFFICE OF THE REGISTRAR VERIFICATION

The above name student is in good academic and financial standing and has approval to register for the course indicated above.

Registrar's Office Signature _____ Date _____

IMPORTANT: Upon completion of the course, the student must have an **official transcript** from the other College/University forwarded to the [Office of the Registrar, Attention: Transfer Credit Services](#).

FOR OFFICE USE ONLY

Good Academic Standing YES NO Total Pace Credits _____ Cum GPA _____ Currently Registered YES NO
Good Financial Standing YES NO Total Transfer Credits _____ Regionally Accredited. YES NO

Approved YES NO Reason _____
Registrar's Office _____ Date _____