

Professional & Online Studies Course Request

To request permission to take a course at BVU Professional & Online Studies

1.

Students desiring to enroll in another post-secondary institution with the intent of applying credits earned to a Buena Vista University degree program must secure written approval in advance of taking the course. Prior to the final 30 hours (senior year), the student's academic advisor and school dean or Center director must approve the request to transfer courses from another institution back into Buena Vista University. The dean of faculty must approve such transfer requests during the final 30 hours. Requests to take courses at other institutions will not be accepted when they are taken for the following purposes: failed BVU courses and/or BVU courses repeated in order to obtain higher grades. No more than 12 semesters hours may be taken from another institution during a summer and no more than a total of 24 hours (summer coursework) may be used toward graduation. Juniors and seniors may not transfer two-year college credit into BVU, with one exception – required courses not offered at the Buena Vista University site of enrollment. Independent and directed studies generally are taken at the site at which the student is affiliated.

| | | | | |
|--------------|------------------------------|--------|-------------------------|----------------------|
| Name (print) | First | Middle | Last | Date |
| BVU ID# | Class | | Box # | Daytime Phone Number |
| Major(s) | Minor(s) or Concentration(s) | | Secondary Certification | |

2. State the reason why you are unable to take this course at your BVU location:

3. Course Information:

I wish to take the following course: As an elective To fulfill a specific requirement

Specify the major, minor, concentration or general education area for which this course is required:

The course I wish to take is: (Attach a copy of their course description to this request if it is not a BVU course.)

| | | | |
|--------------------------------|--------|--------------|--------------|
| Department | Number | Course Title | Credit Hours |
| Name of the College/University | | City | State |

I wish to take this course during Term 1 Term 2 Term 3 Term 4 Term 5 Term 6 Year: _____

I wish to take this course at the BVU location indicated: Council Bluffs Creston Denison Emmetsburg Estherville
 Fort Dodge Iowa Falls Le Mars Marshalltown Mason City Newton Ottumwa Spencer Spirit Lake Online

4. The following signatures are required:

| | | |
|-------------------|---|-------|
| 1. Student | Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2. Advisor | | _____ |
| 3. Dean of School | | _____ |

Return to the Registrar's Office

4. Academic Dean/Associate Dean _____ **Approved** **Denied** _____ Date _____

Comments:
