



TRANSIENT LETTER/REQUEST TO ENROLL IN OFF-CAMPUS COURSE

Student Name: _____ NetID: _____ 9-digit: _____

Student Signature: _____

By submitting this form to my advisor, I am acknowledging the following:

- I am a degree seeking student at Mississippi State University.
- I understand that it will be up to the academic college and academic department of my declared major whether or not these courses will apply toward the degree. Thus, I will be responsible for providing any requested course syllabi and/or course descriptions.
- I understand that, according to MSU [AOP. 12.11](#), at least 25% of coursework taken to fulfill degree requirements must be completed through Mississippi State University. Additionally, acceptance of community college credits is limited to one-half the total requirements for graduation in a given curriculum.
- I am responsible for ensuring official transcripts for these courses are sent to MSU.

School Name/Campus: *(Ex: Hinds CC/Raymond)* _____

Term or Semester and Year: *(Ex: Summer 2024)* _____

According to Mississippi State University's [Transfer Course Articulation](#) the following courses will be articulated as follows:

Off-Campus Course			MSU Equivalent		
Course Number	Course Title	Credit Hours	Course Number	Course Title	Credit Hours

This student can be considered a transient student at the institution listed above.

Advisor's Name: _____

Advisor's Signature: _____

Date: _____

Advisor's Contact Information: _____