University of Bridgeport

Request for Permission to Study at Another Institution
(exclusive of the last thirty hours before graduation)

__________________________________________________   ___________________________
NAME STUDENT NUMBER

The above named student, in good academic standing at the University of Bridgeport, is hereby authorized to enroll at:

______________________________________________________________________________
(Name of Institution)

During the FALL / SPRING / SUMMER _______ semester for the following:
(circle one) (year)

<table>
<thead>
<tr>
<th>COURSE(S) TO BE TAKEN AT THE ABOVE NAMED INSTITUTION</th>
<th>EQUIVALENT COURSE(S) AT THE UNIVERSITY OF BRIDGEPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPT NUMBER</td>
<td>COURSE TITLE</td>
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</tbody>
</table>

Credit for this work will be given by the University of Bridgeport upon receipt of official transcripts from the Registrar of the institution attended. A grade of ‘C’ or better is required for transfer of credits. Only coursework that has received prior approval will be accepted.

It is the responsibility of the student to arrange for official transcripts to be sent to:
University of Bridgeport
Office of the Registrar
126 Park Avenue
Bridgeport CT 06604

__________________________________________________   ___________________________
STUDENT SIGNATURE DATE

__________________________________________________   ___________________________
ADVISOR SIGNATURE DATE

__________________________________________________   ___________________________
ACADEMIC DEAN SIGNATURE DATE