OFFICE of the REGISTRAR
Access and Enrollment Services

Albert A. Sheen Campus | RR1, Box 10,000 | Kingshill, VI 00850-9781
St. Thomas Campus | #2 John Brewers Bay | St. Thomas, VI 00802-9990

REQUEST FOR PERMISSION TO TAKE COURSE AT ANOTHER INSTITUTION

To be completed by student:

Student Name (please print) _____

Student ID: _____

Email Address: _____

Mailing Address: _____

Name of institution at which you would like to take the course: (please print)

_____

Mailing Address: _____

Term you intend to take the course: ☐ Summer ☐ Fall ☐ Spring Year: _____

☐ Check here to verify that you have attached the accreditation information of the school/college/university you plan to attend.

☐ Check here to verify that you have attached the course description from the school/college/university you plan to attend.

Title of Course (s)	Course Number	Credit Hours	UVI's Equivalent Course

The University of the Virgin Islands will accept transfer credit(s) if the student attains a grade of "C" or above. (Undergraduate only).

The University of the Virgin Islands will accept transfer credit(s) if the student attains a grade of "B" or GPA of 3.0 or above. (Graduate only).

APPROVALS:

Advisor of School/College: _____ ☐ Approved ☐ Disapproved
Signature Date

Dean of School/College: _____ ☐ Approved ☐ Disapproved
Signature Date

_____
Registrar or Associate Registrar of Access and Enrollment Services Signature Date

STUDENT'S STATEMENT

I understand it is my responsibility to request that a transcript of grades be forwarded to the UNIVERSITY OF THE VIRGIN ISLANDS, Office of the Registrar upon completion of the course(s) for posting on my permanent record.

_____
Print Name Student's Signature Date