

## REQUEST FOR VISITING STUDENT LETTER

Student ID Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Major \_\_\_\_\_ Anticipated date of graduation \_\_\_\_\_

Visiting Institution \_\_\_\_\_

Address \_\_\_\_\_

I request a Visiting Student Letter allowing me to take the following courses from another institution. Upon completion of these courses with a grade of C or better, the credits will be transferred to Methodist University. I understand that I will not be given credit for courses previously taken at Methodist University and that it is my responsibility to have an official transcript sent to Methodist University upon completion of the courses.

Transfer Institution		Methodist University		Department Head Authorization
Course Title	Number	Course Title	Number	

**Special Notes:**

A visiting student letter will not be issued to attend an institution within Cumberland or its bordering counties.

A copy of the course descriptions must be attached to this request.

No visiting student letter will be issued for more than 9 s.h. at any one time.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Advisor's Signature Indicating Recommendation*

\_\_\_\_\_  
*Date*