

-CARSON-NEWMAN UNIVERSITY

Jefferson City, Tennessee 37760
865-471-3240

AUTHORIZATION TO TAKE COURSES AT ANOTHER INSTITUTION

ID # _____ Phone# _____ - _____ - _____ Email _____ @ cn.edu

Student Name _____ CN Box # _____
Last Name First MI

Address _____
P.O./Street City State Zip

College Name _____ College Fax # _____ - _____ - _____

College Address _____
P.O./Street City State Zip

Courses to be taken during _____ / _____
Semester Year

***NOTE: Student is responsible for having a transcript of course/s sent to The Office of the Registrar at Carson-Newman. upon completion. No transfer credit can be applied until transcript has been received.**

Major: _____ Student Signature _____

**** Course Description/s must be attached ****

OTHER COLLEGE COURSE/S		C-N EQUIVALENT COURSE		
NUMBER & TITLE	CREDIT HOURS <input type="checkbox"/> Qtr. <input type="checkbox"/> Sem.	SUBJECT	COURSE NO.	DEPT. COORDINATOR APPROVAL/SIGNATURE

APPROVALS: * (Dept. Coordinator & Advisor signatures must be obtained prior to Registrar's signature)

Advisor _____ Date _____
Signature

Registrar _____ Date _____
Signature

This certifies the above named student is currently enrolled in good standing.

* Courses previously attempted at C-N must be repeated at C-N in order to remove the previous attempt from GPA calculation.

* Permission to take the above courses does not waive residency requirements at C-N or any of the other common requirements for a degree. (see catalog)

* Course numbered 100 or 200 level which transfer to CN as 300/400 level do not count toward the 36 Jr./Sr. hour requirement. Credit will not be accepted in transfer if the total number of hours taken during a term (**from all institutions**) exceeds the maximum course load permitted by Carson-Newman University, as specified in the current university catalog.