Students enrolled at the University of Pikeville who wish to take a course at another accredited institution for credit toward a University of Pikeville degree must complete the Permission to Study Off-Campus form prior to enrolling in the course. Once the approved course is completed with a grade of “C” or better, the student must submit an official transcript showing the completed course before it can be used to meet a University of Pikeville degree requirement. Repeating a course at another institution will not change the grade received at the University of Pikeville for the same course. Students wishing to take courses off-campus while taking courses at the University of Pikeville will be limited to a combined load of 18 hours for the fall and spring terms and seven hours for summer terms. Students on probation will not be allowed to enroll in off-campus courses while taking courses at the University of Pikeville.

Student’s Name_____________________________ Classification________________________
ID #________________________ Telephone ________________________________
E-mail Address________________________________________
Major(s)________________________ Minor (if applicable) __________________________
Total # of Hours Earned_____ Grade Point Average_____ Expected Graduation Date______________
Year & Term Requesting to Study Off-Campus__________________________________________
Name of Institution______________________________________________________________

<table>
<thead>
<tr>
<th>Course(s) Which Permission Is Requested</th>
<th>University of Pikeville Equivalent</th>
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<tbody>
<tr>
<td>Course Department</td>
<td>Course Number</td>
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Is/are the above course(s) required in the major? _____Yes _____No
Reason for Request_____________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Student’s Signature ___________________________ Date ____________________________

Signatures needed for approval:
Advisor ___________________________ Date ____________________________
Registrar or Dean ___________________________ Date ____________________________

Revised August 2015