

**University of the Cumberland
Office of the Registrar**

**REQUEST FOR CORRESPONDENCE, EXTENSION, ONLINE
OR RESIDENT STUDY AT ANOTHER INSTITUTION**

This form should be filed by any student desiring to enroll for correspondence, extension, or in-residence work at another institution with the intention of transferring the credit to Cumberland. Official transcripts of such study should be furnished immediately upon completion of the work. (See the catalogue for residence requirements for graduation and for the regulations concerning correspondence and extension courses.)

Name _____ ID# _____ Phone # _____

Date of Birth _____ Last 4 Digits of Social Security # xxx-xx-_____

Home Address _____

Local Address _____

E-mail Address _____ Graduation Date _____

Major 1 _____ Major 2 _____ Minor _____

Check the appropriate course of study: _____ Correspondence or _____ Resident Study or _____ Online

College/University where courses are to be taken _____

Dept	Crs #	Title of Course	Qtr hrs	Sem hrs	No. & Title of Course at UC	Begin date	End date	Hrs at UC during this time

I understand that approval of this request is effective only for the period indicated above. An official transcript is required within three weeks of the completion date. If a transcript has not been received or if you have not contacted the Registrar's Office, this contract will be voided and Cumberland may not accept the above courses. If you do not take these courses once approval has been given you will need to contact the Registrar's Office so your file can be updated and the contract voided. *Only grades earned at Cumberland will be used in calculating student grade point averages. You may refer to the college catalog or call our office if you have any questions regarding our transfer policy.*

Submit this form to the Office of the Registrar after you have obtained the necessary signatures. The Registrar will then evaluate your application. Do not register for the above courses until final approval is given.

Student signature _____ Date _____

Advisor signature _____ Date _____

Major or Minor Department Chair _____ Date _____

Head of the Department of Education _____ Date _____
(if working toward certification)

Registrar _____ Date _____