SHAW UNIVERSITY
1865

Office *of* the Registrar
118 E. South Street | Raleigh, NC 27601
Debnam Hall 2nd Floor
Tel: 919-546-8415 Fax: 919-546-8553

STUDY AT ANOTHER INSTITUTION FORM

First Name _____ Last Name _____ Student ID# _____

Address _____ Telephone# _____

City/State/Zip _____ Email _____

(Indicate Main Campus or list CAPE location) _____

(Major Field) _____ (Expected Date of Graduation) _____

(Institution You Will Attend) _____ (Dates of Attendance) _____

LIST COURSE (S) YOU WANT TO TAKE:

Course#/Title: _____

Catalog Description _____

_____

_____

Approved By: _____ Advisor Approved By: _____ Division Head

Course #/ Title: _____

Catalog Description: _____

Approved By: _____ Advisor Approved By: _____ Division Head

Briefly state reasons for studying at another institution: _____

_____

_____

(Attach Additional Sheet if More Space Is Needed)

_____ **Student's Signature/Date**

_____ **Department Head Signature/Date**

Please forward completed form with all signatures and attachments to the Office of the Registrar.
Please have the official transcript for completed class(es) sent to the **Office of the Registrar's** at **registrar@shawu.edu**.
Only official transcripts received in the Registrar's office will be recorded.