Procedures:

1. Complete item one of this application.
2. Have item B completed in the Office of the Registrar.
3. Complete item C.
4. Obtain the approval of the chairperson of the department in which you are majoring, as well as the approval(s) of the chairperson(s) of the department(s) that offers the equivalent course(s) at Montclair State University. Upon approval, student submits copies as listed below in Distribution. STUDENTS ENROLLING AT ANOTHER COLLEGE MUST REQUEST AN OFFICIAL TRANSCRIPT TO BE SENT TO THE OFFICE OF THE REGISTRAR AT MONTCLAIR STATE UNIVERSITY. OTHERWISE, THE CREDITS WILL NOT BE POSTED TO THEIR MONTCLAIR STATE RECORD.
5. A minimum of 32 credit hours AND the final 24 credit hours required for graduation must be taken at Montclair State University. No more than 60 credits from NJ County Colleges can be applied to the baccalaureate degree.
6. Signature from the Director of Academic Advising is required to waive 24 credit hours residence requirement.
7. If an undergraduate student is a financial aid recipient and plans to use any federal grant or loan processed through the Financial Aid Office at Montclair State University to finance studies at a school he or she plans to enroll in as a visiting student, contact the Montclair State University Financial Aid Office for instructions.

A. Last Name: ____________________________ First Name: ____________________________ M. ________________

CWID (Student Id Number): ____________________________ Major Code: ____________________________ Current Status: (circle one) FR SO JR SR

I am an undergraduate student at MSU. I hereby apply for permission to take work for undergraduate credit during the following term:

_____________________  20_______   ______________________  20_______   College/University where work is to be taken

Term Begins             Term Ends               

B. This student is presently enrolled and in good standing.

__________________________ Date ____________________________ Signature (Office of the Registrar)

C. | Department | Course No. | Course Title and Credit Hours | MSU Equivalent Course |
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D. Approved ____________________________ ____________________________
   Chairperson of Major Department     Date     

__________________________ ____________________________
   Chairperson(s) of Dept.(s) offering equivalent course(s) at MSU     Date     

__________________________ ____________________________
   Director of Academic Advising (if required, see #6 above)     Date     

DISTRIBUTION: Original form must be submitted to the Office of the Registrar.
Students with Financial Aid should submit a copy of completed form to the Financial Aid Office.