

Student Request (SR)

Last Name Sample

First Name Susie

Student J# J00123456

Cell Phone # 601.979.1234

Student Type

Undergraduate ☐ Graduate ☒ Other ☐

Catalog Year 2021

Current Major(s) Education Online EdS

Concentration Psychometry

Current Minor(s) _____

Certificate(s) _____

Are you requesting to enroll in a graduate course? ☐ Yes (limit of 6 credits) ☒ No

REQUEST - Provide a brief statement defining WHAT is being requested: (For course substitutions, list course(s) to substitute. In-progress (IP) courses cannot be processed until the end of the term.)

To use transfer course ELFN 6773 to satisfy EDFL 601 requirement.

Provide all course information in the spaces provided below. For graduate transfer credit taken at another institution, SR form should be submitted to your department with the "Transfer of Graduate Credit Form".

ELFN 6773	Intro to Statistics/Arkansas State Univ	3	NA
Course Number	Course Title/Institution	# Credits	Instructor
Term when course was or will be taken: Year <u>2014</u>	Fall <input type="radio"/> Fall Inter. <input type="radio"/>	Spring <input type="radio"/>	Spring Inter. <input type="radio"/> Summer <input checked="" type="radio"/>

EDFL 601	Adv. Research and Statistics	3	NA
Course Number	Course Title/Institution	# Credits	Instructor
Term when course was or will be taken: Year _____	Fall <input type="radio"/> Fall Inter. <input type="radio"/>	Spring <input type="radio"/>	Spring Inter. <input type="radio"/> Summer <input type="radio"/>

RATIONALE - Provide supporting statement explaining WHY request is necessary: (Attach additional sheets as needed.)

ELFN 6773 covers similar material as EDFL 601. The course is needed to meet degree requirements.

Student Signature Susie Sample

Date 5/10/2023

Please work with your academic advisor and/or department to complete this form. Use your JSU email account for all electronic submissions.

Attention – For authentication purposes, student must obtain signatures listed below.

Academic Advisor Signature _____ Print Name _____ Date _____

Department Chair Signature _____ Print Name _____ Date _____

Processed by: _____ Date _____ 5/10/2023