

Point University

CORRESPONDENCE COURSE PERMISSION FORM

Office of the Registrar

507 West 10th Street

West Point, GA 31833

706-385-1018 (phone) 706-645-9475 (fax)

Point students are responsible for submitting a formal application to the institution for which this permission is granted. It is the student's responsibility to adhere to all admissions deadlines and requirements.

_____-_____-_____
Social Security Number

Correspondence Term: _____

Student Name

Name of Correspondence Institution

Street Address

Street Address

City State ZIP

City State ZIP

Point University Course			Courses to be taken at Correspondence Institution		
Course Number	Course Title	Hours	Course Number	Course Title	Hours

All correspondence courses must be approved by the registrar. Transfer credit will only be given if the correspondence institution's transcript reflects an earned "C" or above. The grade(s) will not be reflected in the Point GPA.

I understand the correspondence policy of Point University and request permission to take the courses listed above. I know I am responsible for having a transcript sent to Point upon course completion.

Student's Signature

To be Completed by the Registrar

This student

_____ must complete this work no later than _____

_____ has the registrar's approval for any of the courses listed above

_____ has completed the course and the transcript has been received and recorded: _____

Date

Registrar

Date