

VIRGINIA STATE UNIVERSITY  
**Office of the Registrar • P. O. Box 9217 • Petersburg, Virginia 23806**  
 CONCURRENT REGISTRATION APPROVAL REQUEST

In seeking approval of this request to register for the courses indicated below, while a matriculating student at Virginia State University, I acknowledge the fact that credit may not be granted without prior approval of this form. Credit approval for a student who has been suspended due to poor scholarship is at the discretion of the Department Chairperson. I understand that **ALL TRANSFER WORK HAS NO EFFECT ON THE VSU GRADE POINT AVERAGE**, but that the grade of "C" or better is required before credit will be given.

Date \_\_\_\_\_

NAME \_\_\_\_\_ SID# \_\_\_\_\_  
 SCHOOL \_\_\_\_\_ MAJOR \_\_\_\_\_

CLASSIFICATION:  Freshman  Sophomore  Junior  Senior

UNIVERSITY ADDRESS \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

OTHER COLLEGE/UNIVERSITY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COURSES OFFERED: FALL 20\_\_\_\_ SPRING 20\_\_\_\_ SUMMER 20\_\_\_\_

	Course Code	Title	Cr. Hrs.	Catalog Date & Page	Comments
Other					
VSU					
Other					
VSU					
Other					
VSU					

\_\_\_\_\_ Indicate whether semester or quarter hours.

Approvals:

Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_ Dean \_\_\_\_\_ Date \_\_\_\_\_

7/2005