



## DUAL ENROLLMENT FORM

### REQUEST FOR DUAL ENROLLMENT, SUMMER ENROLLMENT AND/OR REQUEST TO COMPLETE LAST HOURS FOR GRADUATION OFF-CAMPUS

(At least 15 of the final 30 hours or 50% of courses in Major applied toward your degree must be taken at Langston University)

Name \_\_\_\_\_ Campus Wide ID (CWID) \_\_\_\_\_

Please Print or Type

PROJECTED DATE OF GRADUATION: \_\_\_\_\_ 20\_\_\_\_\_

(Summer, Spring, or Fall)

I, \_\_\_\_\_ Date \_\_\_\_\_

First Name

Last Name

Request permission to enroll in courses during  Fall  Spring  Summer \_\_\_\_\_ (yr).

take course(s) at another institution while enrolled at Langston University

take Summer course(s) at another institution

complete the last \_\_\_\_\_ hours of degree requirements for semester/term

#### Name of Institution

#### Course Prefix

#### Course Number

#### Course Title

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#### Course Prefix

#### Course Number

#### Course Title

Total semester hours including hours taken at Langston University not to exceed \_\_\_\_\_ hours. Combined enrollment must not exceed 18 hours, (Fall and Spring) and 9 hours (Summer). Students must obtain approval to complete an overload.

#### Please print and sign name

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Dean of School or Chairperson Approval \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Approval \_\_\_\_\_ Date \_\_\_\_\_

<b>STUDENT OVERLOAD (must obtain necessary approval if overload is requested)</b>	
16-week semester (regular).....	19 to 22 hours ("B" average preceding semester required)
16-week semester (regular).....	23 hours (3.75 GPA preceding semester required)
8-week term.....	10 to 11 hours ("B" average preceding semester required)
5-week term.....	6 hours ("B" average preceding semester required)
4-week term.....	5 hours ("B" average preceding semester required)

<b>Total number of hours requested including the OVERLOAD hours</b> _____	<b>Completed by Registrar's Office staff ONLY</b> CGPA (previous current semester) _____ Signature of person verifying (Registrar Staff) _____
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<b>Approving Signatures (ONLY if OVERLOAD is requested)</b>	
Dean of School or Chairperson _____	Date _____
V P Academic Affairs _____	Date _____