

**INSTRUCTIONS FOR THE
PERMISSION TO TRANSFER CREDIT FORM**
The University of Mississippi – School of Pharmacy

IMPORTANT: This form should be used by students who are enrolled in the Bachelor of Science in Pharmaceutical Sciences. Students enrolled in programs under other Schools at the University of Mississippi should consult their respective academic deans' offices for the appropriate form.

1. Print this form and fill it out completely. **PRINT NEATLY AND CLEARLY.**
2. Existing transfer agreements for courses can be found in the University's online Transfer Equivalency Database at <http://transfer.olemiss.edu/transfer-equivalencies/>. If a particular course is not listed in the online database, it does not necessarily mean that it will not transfer; it simply means that the University has not encountered that course before.
3. Students should review the Undergraduate Catalog (catalog.olemiss.edu) and the policy number ACA.AR.300.002 (www.olemiss.edu/policies)
4. Submit the completed form to School of Pharmacy Office of Student Services in the School of Pharmacy Dean's Office. It may be submitted by one of the following methods:
 - a. In person at Thad Cochran Research Center, Room 1030.
 - b. By e-mail *as a PDF attachment* to pharmstuservices@olemiss.edu. If submitting the form by e-mail, be sure to sign and date the form before scanning it.
 - c. By fax to 662-915-5704, attn.: Office of Student Services
 - d. By postal mail sent to the following address.

*The University of Mississippi School of Pharmacy
Office of Student Services
Thad Cochran Research Center 1030
P.O. Box 1848
University, MS 38677-1848*

5. The form will be processed as quickly as possible from the time it is received in the Dean's Office. There is usually a three-day turnaround, but additional time for processing must be allowed if the form is turned in at the end of a semester or summer term or near the time of priority registration.
6. **INCOMPLETE FORMS CANNOT BE PROCESSED.**
7. After the form has been processed, you will be ***notified by e-mail*** whether the form has been approved or denied. A copy will also be put in the student's file in the Dean's Office. If you do not receive the e-mail, it is your responsibility to contact the Dean's Office to obtain a copy of the form from your file.

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Student Name (PRINT)	Student ID Number	Telephone Number	E-mail Address
College or University Attending <i>(must be accredited)</i>	Transfer Course Number Ex. MAT 1313	UM Equivalent Number Ex. Math 121	Semester/Year in which you plan to take the course

Reason for Request: _____

Anticipated Date of Graduation: Fall Spring Summer Year: _____ Major: _____

Write your initials in the box to the left of each statement below to indicate that you have read and understand each policy.

- The School of Pharmacy adheres strictly to University policy regarding courses taken by a University of Mississippi student at another institution. Written permission must be granted by the dean **prior to enrolling** in courses at another institution. Unapproved transfer courses will not be accepted. Under cases of **extreme and unavoidable emergency** where progress toward graduation is at risk, a student may petition the dean for **pre-approval** of dual enrollment credits. I will not receive UM transfer credit for any courses taken from another institution while concurrently enrolled at UM. *Students who wish to petition the dean for pre-approval of dual enrollment credits must attach a letter to School of Pharmacy Student Services to explain the request in detail.*
- I am in good standing and I understand that any course work taken at another institution during academic suspension or academic dismissal will not be applicable to a degree at The University of Mississippi. Furthermore, I understand that if I am placed on academic suspension or dismissal after this form has been processed that my permission will be automatically revoked.
- I am aware that no more than half of the course work submitted for my degree may be from a community or junior college.
- I realize that no more than six (6) of my last twenty-one (21) credit hours may be Independent Study or transfer credit.
- I understand that it is my responsibility to have an official transcript (faxed transcripts or transcripts hand-delivered by the student are not official) sent to the UM Office of the Registrar (registrar.olemiss.edu) in order for my transfer course work to be applied toward my degree.
- I understand that the University of Mississippi's Forgiveness Policy cannot be used in conjunction with transfer credit.
- I understand that this form is valid only for courses explicitly listed on this form and that any changes made to the courses on this form must be approved by the Dean's Office.

Student's Signature _____
Date

DO NOT WRITE BELOW THIS LINE—DEAN'S OFFICE USE ONLY

- Requested Courses are on file with the Office of the Registrar.
- Requested Courses are NOT on file with the Office of the Registrar.
 - Send course information to the corresponding department for equivalency approval.
 - Update the Office of the Registrar and UMSOP Associate Dean for Academic Affairs and share equivalency information with student.

This request has been: APPROVED DENIED Remarks: _____

Advisor's Signature _____
Date