

Pennsylvania State System of Higher Education
Distance Education Application
Student Instructions

Purpose

The purpose of this form is to enable you to enroll in a course at another State System University and transfer the course credit and grade to your home University if the institutions have an affiliation agreement. This will enable you to take advantage of courses, programs or experiences not available at your home institution, without loss of institutional residency, eligibility for honors or athletics, or credits toward graduation. If you are not sure if your institution has an affiliation agreement, please check with the Distance Education Office at your institution.

Eligibility

To be eligible to enroll in a course at another State System University:

1. You must be a current student at your home university.
2. You must obtain advanced approval from your home University by initiating Part II of this form.
3. A copy of this completed form must be received by the Registrar of the host university by the time of your registration.

Filling out the Form

Most of the information on this form may be on file at your home university, but to enroll in another PASSHE university, your personal information must be entered into their database from this form. This will enable you to be admitted into that university, to enroll in classes and to receive credit and grades for that course or courses. You may enroll for a maximum of 18 credits in a single semester or summer.

Routing of this Form

1. Fill out, sign and date this form; present it to your adviser or department chair for signature and deliver the form to the office of the dean of your college.
2. The dean's office will review, sign and forward the form to the registrar of your university. The Dean's or Registrar's office will fill in the portions of the form on Course Equivalency and Program Placement.
3. Your registrar will send the form to the registrar of the host university (the university from which you will be taking the class).
4. The host university registrar will forward the form to the director/chair of the program/department and to their office of admissions.
5. The form will be returned to the host campus registrar who will forward a copy to you and to the Registrar of your university.
6. The student will register at the host university, but will pay tuition and fees to his/her home institution.
7. The host university's official transcript will transfer all credits from the host university to the home university. All credits and grades accrued at the host university will be accepted in full by the home university, and thereafter treated as home university credits and grades.
8. Each university will specify and publish the approval procedure for its own students' participation and for students from other System universities who wish to study under this policy.

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Part I - To be filled out by the student

Students must type directly on this form and then print (*handwritten forms can result in processing errors*).

Name _____ Social Security Number _____

Local Address _____ Date of Birth _____

City _____ State _____ Zip Code _____ Local Phone _____

Permanent Address _____ Major _____

City _____ State _____ Zip Code _____ Current Phone _____

Email Address _____

US Citizen? Yes _____ No _____ *Specify county of residence* Legal PA Resident? Yes No *Specify country of citizenship*

We are required to collect race & sex data on applicants. Therefore, you are asked to voluntarily answer the following questions:

What is your ethnicity? Hispanic or Latino Not Hispanic or Latino **What is your sex?** Male Female

What is your race? White Black or African American Asian Am. Indian or Alaskan Native Native Hawaiian or Pacific Islander

High School Name _____ Date of Graduation (GED) _____

Address _____ City _____ State _____ Zip Code _____

Current PA State System University _____ Cumulative GPA _____

Dates of Attendance _____ Academic Standing (Good/Probation/Suspension) _____

PA State System University Visiting* _____ Semester/Year to be enrolled _____

**Affiliation agreement must be in place.*

| | |
|---|--|
| Please list course(s) you plan to take: | Office Use Only - To be completed by Academic Department Course Equivalency |
| | |
| | |

(Your signature authorizes the release of a transcript from host institution to home institution)

Student's Signature _____ **Date** _____

Part II - To be filled out by officials on student's home campus. Approval attests that the student is eligible for the proposed course(s) and the information in Part I is accurate.

Recommended Action:

Approved Not Approved _____ *Adviser/Department Chair* _____ *Date* _____

Approved Not Approved _____ *Dean's Office* _____ *Date* _____

Acknowledged _____ *Home Campus Registrar* _____ *Date* _____

Part III - To be filled out by host campus. Approval attests that the student is eligible for the proposed course(s).

Approved Not Approved _____ *Program Director* _____ *Date* _____

Approved Not Approved _____ *Admitting Official* _____ *Date* _____

Acknowledged _____ *Host Campus Registrar* _____ *Date* _____

Host Campus Registrar: Please return copies of this form to home campus and student.