



**PERMISSION FOR CONCURRENT ENROLLMENT/
PERMISSION TO TRANSFER CREDITS WITHIN LAST 30 HOURS**

Today's Date: _____

Proposed Month and Year of Graduation: _____

Student Name: _____ R# _____
(First) (Middle) (Last)

Student Major: _____ Student Classification: _____

E-Mail Address: _____

Check one or both boxes:

Permission needed for Concurrent Enrollment Term of Concurrent Enrollment _____
(Total enrollment between 2 schools cannot exceed 19 hours)

Permission needed to transfer credits within last 30 hours

Transfer Institution: _____

Transfer Institution Course Number(s): _____

Corresponding TTU Course Number(s): _____

By signing this I acknowledge that if my credits have not transferred to Texas Tech by my graduation date, then my degree will NOT BE AWARDED that term and I will need to enroll in at least one (1) TTU hour the following semester.

REQUESTED BY: _____ DATE SUBMITTED: _____
(Student)

APPROVED BY: _____ DATE APPROVED: _____
(Advisor)

_____ DATE APPROVED: _____
(Dept. Chairperson)

_____ DATE APPROVED: _____
(Associate Dean)

For Deans Office Use

Total Earned Hours _____

Total Transfer Credits _____

Current Semester Enrollment _____