Transfer **From** and **To** an iStudy Course



Please complete the information on the form below. Your transfer cannot be processed until this form is received by the iStudy Office. Additionally, you must fill out a new course application, which will need to be signed by your academic dean's office. Your enrollment date will remain unchanged.

Name (please print)				Today's Date	
Signature				UM Student Number	
Mailing Address					
City		State ZIP	(aytime Telephone	
Original Course Number	Original Course Title / Instructor				
New Course Number	New Course Tit	le / Instructor			
Reason for Transfer					
	liver to our offic By Ema	Bursar charge (UM studuld like to pay with VISA or Master APPLICATION SUBMISSION I e in the Jackson Avenue Center, Su iil: scan then email form to our off By Fax: fax the form to 66 Division of Outreach, iStudy, P.O. I	PCard, please call our office NFORMATION: Luite H, 1111 W. Jackson Avice at istudy@olemiss.ed 12-915-8826 Box 1848, University, MS	venue, Oxford, MS 38655 du	
		OFFICE USE ONLY		ation singed	
				ation signed quest approved	
// Date of Transfer I	Reauest	//	Entered in F		
				oking cancelled - SAP	
Date of New App	-1:4:	\$ Amount of Transfer Fee		e booked - SAP	
	DIICALION	Amount of fransier ree		/added if applicable	
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Method of Paym	ent	Receipt Number		nal folder to inactive files	
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iStudy • Division of Outreach • P.O. Box 1848 • University, MS 38677-1848 • Jackson Avenue Center, Suite H, 1111 W. Jackson Avenue Toll Free: 877-915-7313 • Fax: 662-915-8826 • Email: istudy@olemiss.edu • Website: olemiss.edu/istudy