

**OUACHITA-HENDERSON
INTER-INSTITUTION CLEARANCE**

(Fall & Spring Semesters only)

DATE _____ ID# _____ OBU PHONE # _____

NAME _____ OBU BOX # _____

SEMESTER: Spring of _____ Fall of _____

OBU SEQ#	HSU DEPT	COURSE NUMBER	TIME & DAYS	COURSE TITLE	HSU INSTRUCTOR NAME	OBU DEPT CHAIR SIGNATURE
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SUBSTITUTES FOR OBU COURSE:

OBU DEPT	COURSE NUMBER	COURSE TITLE	DOES THIS CHANGE YOUR DEGREE PLAN? Y / N
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IS THIS COURSE A REPEAT? YES _____ NO _____ TOTAL HOURS BEFORE CHANGE _____

TOTAL HOURS ADDED _____

TOTAL HOURS AFTER CHANGE _____

REASON: _____

STUDENT SIGNATURE _____

REGISTER for the class at Ouachita, **NOT** at HSU.

ATTEND the first day of class at HSU and give the instructor the yellow copy of this form. **The instructor will then tell you if there is room in the class for you.** If the class is full, return to the Dean of your school **TO DROP THE COURSE.**

***** Obtain the following signatures and return to the Dean of your school. *****

ADVISOR

DEAN, SCHOOL OF INTERDISCIPLINARY STUDIES
(if applicable for CORE courses)

DEAN, SCHOOL OF YOUR MAJOR

VICE PRESIDENT FOR ACADEMIC AFFAIRS DATE

* * * * * For Office Use Only * * * * *

CHARGE _____

NO CHARGE _____