

Study Elsewhere and Consortium Students & Reviewers

Guide for undergraduate and graduate students and reviewers to submit a request for study elsewhere, consortium, and CLEP tests to bring to George Mason University. Students will receive an email once they submit the form. After receiving the required approvals and the Office of the University Registrar has processed the request, the student will receive an email that their request has been processed. Please take note of any follow up email from the college/school for required next steps or pre/post-requisites.

- Click on the type of request and read through the policy and deadlines associated.
 Learn about eligibility, deadlines, and more information by clicking the below headings:
 - University Consortium
 - Permission to Study at Another Regionally Accredited U.S. Institution (Study Elsewhere)
 - College-Level Examination Program (CLEP)
- 2. Confirm the following by checking the boxes.
 - * I am in good standing and free of academic and registration restricting holds.
 - * I acknowledge that I have read the above eligibility and deadlines associated with this request.
- 3. Select which institution or request from the drop down menu.

Where do you want to study?

CLEP Post-Matriculation (link)

Somewhere Else = Permission to Study at Another Regionally Accredited U.S. Institution

- Consortium =
- American University
- Catholic University
- Gallaudet University
- George Washington University
- Georgetown University
- Howard University
- Marymount University
- Montgomery College

- National Defense University
- Natl. Intelligence University
- Prince George's Comm. College
- Trinity University

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- Uniformed Services Univ. of the Health Sci
- University of DC
- UMD College Park
- UMD Global Campus

Quick Links: <u>Study Elsewhere Guide</u>

<u>Consortium</u>

| U | Y ELSEWHERE | | | | |
|----|--|--|--|--|-----------------------------------|
| ut | | duate Students > Advi Students > Student's | | Dean > Course Dean | |
| | Gladdate | | Dean | | |
| | Fill out your studen | t information and Terr | m and Year you | 're requesting to take | the course. |
| | Level * | ~ | Major/Prog | gram * | |
| | Class * | ~ | | | |
| | | | | | |
| | Term & Year | | | | |
| | | | | | |
| | Undergraduate Stu | Idents: Enter your Adv | visor's email adv | tress If you do not kn | ow, please contact your |
| | department. | uents. Enter your Auv | | | ow, please contact your |
| | Advisor Emai | I | | | |
| | * | | | | |
| | Unsure? Use the | Advisor Locator |] | | |
| | Unsure? Use the | Advisor Locator | | | |
| | Graduate Students College/Sch | : Select your college/s ool * Choose - | | he form to your Acade | emic Affairs Office. |
| | College/School | ool * Choose - | - | ~ | |
| | College/Sch | ool * Choose - | - | he form to your Acade | emic Affairs Office. |
| | College/Sche Write the full name Visiting Institut | ool * Choose - e of the institution and tion for requesting to study may upload a PDF or I | its location. y elsewhere. If | City | |
| | College/Sche Write the full name Visiting Institut | ool * Choose - e of the institution and tion for requesting to study may upload a PDF or I request | its location. y elsewhere. If | City | State |
| | College/Sche Write the full name Visiting Institut * Provide the reason separate form, you Reason for this r * If applicable * Attac | ool * Choose - e of the institution and tion for requesting to study may upload a PDF or D request ch File | its location. y elsewhere. If DOCX. | City * your college/school re | State |
| | College/Scher Write the full name Visiting Institut * Provide the reason separate form, you Reason for this r * If applicable * Attac Provide course info | ool * Choose - e of the institution and tion for requesting to study may upload a PDF or D request ch File | its location. y elsewhere. If DOCX. | City * your college/school re | equires a longer explanation or a |
| | College/Sche Write the full name Visiting Institut * Provide the reason separate form, you Reason for this r * If applicable * Attac Provide course info by clicking the □ to Visiting Institutio To add a lab/recitatio | ool * Choose - e of the institution and tion for requesting to study may upload a PDF or I request ch File rmation from the Visit | its location. y elsewhere. If DOCX. ting Institution. | City City your college/school re Only 1 course per for | equires a longer explanation or a |
| | College/School Write the full name Visiting Institut * Provide the reason separate form, you Reason for this r * If applicable * Attac Provide course info by clicking the □ to Visiting Institution | ool * Choose - e of the institution and tion for requesting to study may upload a PDF or D request ch File mation from the Visit o reveal a 2 nd row. on Course Information n associated with this cou Course# | its location. y elsewhere. If DOCX. ting Institution. | City City Your college/school re Only 1 course per for the left box below. | equires a longer explanation or a |

6. Enter the Mason equivalent for the proposed course. If the Mason equivalent has a corresponding lab, you may add it by clicking the □ to reveal a 2nd row.

Proposed Mason Equivalent

| | Subject (e.g. HIST 100) | Course# (e.g. HIST 100) | # Credits | Course Title |
|---|----------------------------|----------------------------|-----------|--------------|
| 1 | * | * | * | * |
| | | | | |

7. Indicate where the Proposed Mason Equivalent has been approved.

Select YES if the equivalency is listed in the Transfer Credit Matrix.

If the proposed course is not in the Transfer Credit Matrix, you must receive approval from the proposed course's department before filling out the form.

Source * No → Is this equivalency in the Transfer Credit Matrix or a Credit by Exam?

*This step must be taken before you submit the form. If you have not received approval from the George Mason Course Department, please leave this form and contact them directly. Discuss with your Advisor if you need assistance with this process.

* Course has been reviewed and equivalency approved by department.

Reviewer: Undergraduate only – Advisor

- Review the form and ensure all of the information is accurate. Refer to <u>Rejecting or Sending for Revision guide</u> if you need to reject or return to the student for revision.
- If approved, enter the Mason Equivalent course information and its Source of Equivalency.

Approved Mason Equivalent

| Subject & Course# (e.g. HIST 100) | Title | # Credits |
|---|----------------------------------|-----------|
| * | * | * |
| | | |
| (If no course is equivalent, you can as | sign an elective course. e.g. EN | NGH 2) |

• If the equivalency is not in the Transfer Credit Matrix, the student must have received approval from the Proposed Course Department. You are required to enter the approver's information on the form.

| Source of Equivalency | Current transfer matrix or Credit by Exam |
|-----------------------|---|
| | The student has received approval by the Proposed Course Department |
| | Who approved the equivalency? |
| | Department * |
| | Full Name * Email * |

• Select the student's primary college/school from the drop down list. Pay attention to the level (UG or GR) and select the correct one for the student's level.

| | Student's College/School* | Choose 🗸 🗸 | |
|--|---------------------------|------------|--|
|--|---------------------------|------------|--|

| Drogram | Approval |
|------------|----------|
| Filografii | Appioval |

Date

Reviewer: Student's Dean

 Review the form and ensure all of the information is accurate. Refer to <u>Rejecting or Sending for Revision guide</u> if you need to reject or return to the student for revision. If approved, continue with the steps.

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• If the student is an undergraduate (UG), the form requires approval from the Course Dean. Based on the approved equivalency, select the Course's corresponding College/School.

Equivalent Course's College/School

* -- Choose --

• If signing with your college/school's generic email, please enter your full name in the provided space.

| Approver's Full Name | | |
|--------------------------------------|------|--|
| *Required when using generic account | | |
| * | | |
| | | |
| | | |
| | | |
| Dean Approval | Date | |

Reviewer: Undergraduate only – Course Dean

• If signing with your college/school's generic email, please enter your full name in the provided space.

Approver's Full Name *Required when using generic account

Course Dean Approval UG only

CLEP POST-MATRICULATION

| Rout | ring: Undergraduate Students > Advisor > Student's Dean > Course Dean |
|------|--|
| 1. | Fill out your student information and Term and Year you're requesting to take the course. |
| 1. | Level * Major/Program * |
| | Class * v |
| | |
| | Term & Year |
| | |
| | |
| 2. | Enter your Advisor's email address. If you do not know, please contact your department. |
| | Advisor Email |
| | * |
| | Unsure? Use the Advisor Locator |
| 3. | Provide the reason for requesting to bring in the CLEP Examination. If your college/school requires a longer |
| | explanation or a separate form, you may upload a PDF or DOCX. |
| | Reason for this request * |
| | If applicable * SAttach File |
| 4. | Enter the name of the CLEP Exam and the score you earned. You may add an additional CLEP Exam only if the |
| | Mason equivalent is from the same college/school, by checking the \Box . Otherwise, only 1 CLEP Exam per form. |
| | Visiting Institution Course Information |
| | To add additional courses, check the left box below. |
| | |
| | CLEP Examination (e.g. College Algebra) Score |
| | * |
| | |
| | |

5. Enter the Mason equivalent for the proposed course. If the Mason equivalent has a corresponding lab, you may add it by clicking the \Box to reveal a 2nd row.

Proposed Mason Equivalent

| Subject (e.g. HIST 100) | Course# (e.g. HIST 100) | # Credits | Course Title |
|----------------------------|----------------------------|-----------|--------------|
| * | * | * | * |
| | | | |

Indicate where the Proposed Mason Equivalent has been approved.
 Select YES if this equivalency in the <u>Credit by Exam</u> list from the Office of Admissions.
 If the proposed course is not in the Credit by Exam page, you must receive approval from the proposed course's department before filling out the form.

Source * No ✓ Is this equivalency in the Transfer Credit Matrix or a Credit by Exam?

*This step must be taken before you submit the form. If you have not received approval from the George Mason Course Department, please leave this form and contact them directly. Discuss with your Advisor if you need assistance with this process.

*
Course has been reviewed and equivalency approved by department.

7. Acknowledge you have sent the CLEP score to George Mason University.

I acknowledge I have sent the CLEP scores to George Mason University (CLEP school code is 5827). This is required in order for this form to be processed. If this CLEP score has not been received, this request will be returned.

Reviewer: Advisor

- Review the form and ensure all of the information is accurate. Refer to <u>Rejecting or Sending for Revision guide</u> if you need to reject or return to the student for revision.
- If approved, enter the Mason Equivalent course information and its Source of Equivalency.

| Subject & Course# (e.g. HIST 100) | Title | # Credits |
|--------------------------------------|-------|-----------|
| * | * | * |
| | | |

(If no course is equivalent, you can assign an elective course. e.g. ENGH 2--)

• If the equivalency is not in the Transfer Credit Matrix, the student must have received approval from the Proposed Course Department. You are required to enter the approver's information on the form.

| Source of Equivalency | Current transfer matrix or Credit by Exam | | |
|-----------------------|---|--|--|
| | The student has received approval by the Proposed Course Department | | |
| | Who approved the equivalency? | | |
| | Department * | | |
| | Full Name * Email * | | |

• Select the student's primary college/school from the drop down list. Pay attention to the level (UG or GR) and select the correct one for the student's level.

| Student's College/School* | Choose | \sim | |
|---------------------------|--------|--------|--|
| | | | |
| | | | |

Program Approval

Reviewer: Student's Dean

- Review the form and ensure all of the information is accurate. Refer to <u>Rejecting or Sending for Revision guide</u> if you need to reject or return to the student for revision.
 If approved, continue with the steps.
- If the student is an undergraduate (UG), the form requires approval from the Course Dean. Based on the approved equivalency, select the Course's corresponding College/School.

| Equivalent Course's College/School | |
|------------------------------------|--------|
| * Choose | \sim |

• If signing with your college/school's generic email, please enter your full name in the provided space.

| Approver's Full Name *Required when using generic account | |
|--|------|
| * | |
| | |
| Dean Approval | Date |

Reviewer: Course Dean

• If signing with your college/school's generic email, please enter your full name in the provided space.

Approver's Full Name

*Required when using generic account

Course Dean Approval UG only

CONSORTIUM

4.

Routing: Students > Advisor > Student's Dean

1. Fill out your student information and Term and Year you're requesting to take the course.

| Level | * | Major/Program * |
|-------------|---|-----------------|
| Class | * | |
| | | |
| Term & Year | | |
| * 🗸 | * | |

2. Enter your Advisor's email address. If you do not know, please contact your department. Advisor Email

| * | |
|---------------------------------|--|
| Unsure? Use the Advisor Locator | |

3. Provide the reason for requesting to study elsewhere. If your college/school requires a longer explanation or a separate form, you may upload a PDF or DOCX.

| Reason for this request | | | |
|---------------------------------|--------|--|--|
| * | | | |
| If applicable * 🔇 Attach File | | | |
| Answer the following questions: | | | |
| Do you expect to graduate | * 🔿 No | | |
| at the end of the term? | ○ Yes | | |
| | | | |
| Special Services Required? | * 🔿 No | | |
| | ○ Yes | | |
| | | | |

5. Provide course information from the Visiting Institution. You may add a lab or recitation by clicking the \Box to reveal a 2nd row.

Visiting Institution Course Information

To add additional courses, check the left box below. Subject Course# Section# # Credits Course Title (e.g. HIST 100) (e.g. HIST 100) Course Level ~

Reviewer: Advisor – Undergraduate

- Review the form and ensure all of the information is accurate. Refer to Rejecting or Sending for Revision guide • if you need to reject or return to the student for revision.
- If approved, enter the Mason Equivalent course information. • The above student is requesting permission to take a course through the Washington Consortium of Universities.

If approved, these courses will appear on the George Mason University transcript. This course will be considered resident credit and the grade will factor into the GPA. By approving this registration, you are approving application of this course toward the student's degree program.

You must determine if this course has a Mason equivalent or if it should be assigned elective credit.

| <u>Approved Mason Equivalen</u> | <u>t</u> | |
|--------------------------------------|----------|-----------|
| Subject & Course# (e.g. HIST 100) | Title | # Credits |
| * | * | * |
| | | |

(If no course is equivalent, you can assign an elective course. e.g. ENGH 2--)

Select the student's primary college/school from the drop down list. Pay attention to the level (UG or GR) and • select the correct one for the student's level.

| S | tudent's College/Scho | ol * Choose | ~ |
|---|-----------------------|-------------|---|
| | | | |
| | | | |
| | | | |
| * | (alials to airea) | | |
| | (click to sign) | | |

Date

Reviewer:

Student's Dean

Program Approval

- Review the form and ensure all of the information is accurate. Refer to Rejecting or Sending for Revision guide if you need to reject or return to the student for revision. If approved, continue with the steps.
- If signing with your college/school's generic email, please enter your full name in the provided space.

