



Mississippi College

Office of Graduate Studies
Box 4029
Clinton, MS 39058
(601) 925-3225

Non-Degree Registration Approval Form Psychology/Counseling Department

Date: _____ Social Security Number: _____

Name: _____

Mailing Address _____

Masters Degree that you are applying for _____

This form gives permission to the above student to enroll in 3 or 6 semester hours (**no more than 6 hrs.**).

1. You will be classified as a **NON-DEGREE** student until your admission into the degree program of your choice has been granted. This permission **does not guarantee** admission into a degree program. You will not be allowed to register for any more course work without being admitted into one of the counseling programs **OR** you **MUST** have written permission from Dr. Wheeler to bring to the Graduate Office before further registration will be allowed.
2. You will be allowed to register on a space-available basis for **either three or six semester hours**. This permission must be granted by Dr. Wheeler.
3. You understand that by taking course work you **are not guaranteed** admission into the program for which you have made application.
4. **YOU ALSO UNDERSTAND THAT AS A NON-DEGREE STUDENT, FEDERAL FINANCIAL AID WILL NOT BE GRANTED IN THIS CLASSIFICATION.**

If you choose to consider this option, please complete this form and return it to:

Dr. William Wheeler
Psychology/Counseling Department
Box 4013
Clinton, MS 39058

THIS FORM MUST BE RETURNED AND APPROVED TO THE GRADUATE OFFICE BEFORE REGISTRATION AS A NON-DEGREE STUDENT WILL BE ALLOWED.

Student Signature

Authorized by:

Dr. William Wheeler
Psychology/Counseling Department

Dr. Debbie C. Norris
Graduate Dean