

STUDENT'S REQUEST TO TAKE COURSE(S) OFF CAMPUS

Please Return Completed Form To The Registrar's Office **Before** you register for the course(s)

LAST NAME FIRST NAME M.I.

SS # OR ID # STATUS ANTIC GRAD YR MAJOR

PHONE NUMBER ON CAMPUS BOX #

I REQUEST PERMISSION TO TAKE THE FOLLOWING COURSES AT:

COLLEGE OR UNIVERSITY YEAR

LOCATION DURING THE FALL _____
SPRING _____
SUMMER _____

COURSE NO#	COURSE NAME	CREDITS	DVC COURSE NO#	DVC COURSE EQUIVALENT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE:

1. STUDENT MUST PRESENT SCHOOL COURSE DESCRIPTION(S) TO REGISTRAR AND DEPARTMENT CHAIRPERSON FOR COURSE REVIEW AND APPROVAL.
2. COLLEGE AND UNIVERSITY MUST BE REGIONALLY ACCREDITED.
3. STUDENT MUST REQUEST COLLEGE OR UNIVERSITY TO SEND OFFICIAL TRANSCRIPT DIRECTLY TO THE REGISTRAR'S OFFICE UPON COMPLETION OF COURSE WORK. A "C" GRADE OR HIGHER IS REQUIRED FOR COURSES TO TRANSFER.
4. ONLY THE CREDITS (NOT THE GRADES OR QUALITY POINTS) ARE TRANSFERRED.

Approval Signature of Dept. Chair/Program Director for above course to be taken as DVC equivalent

STUDENT'S SIGNATURE

ADVISOR SIGNATURE

OFFICE OF THE REGISTRAR SIGNATURE

DATE: _____