

Off-Campus Course Request Form

NO CREDIT WILL BE TRANSFERRED WITHOUT PRIOR APPROVAL

Student Information:	
Name:	Program:
Student ID#:	Semester:
Instructions:	
 the Registrar at least six (6) weeks in a Attach course descriptions for the off- Have your advisor complete the approx 	
Course Requirements:	
 You must pass the course with a grade The course must be credit-bearing, and credits/hours 	e of C or better (not pass/fail) d those credits must be calculated in semester
Off-Campus Course Information:	
School Name:	
City:	State:
Title of Course & Course Code:	
Equivalent FTC Title & Course Code:	
Total Number of Transfer Credits:	_
Signatures:	
Academic Advisor	
Signature:	Date:
Chairperson:	
Signature:	Date:
Provost:	

Date: _____