

STEVENSON

UNIVERSITY

Imagine your future. Design your career.®

REQUEST TO TAKE COURSES AT ANOTHER COLLEGE

Request for:

Date _____

Fall Term Spring Term Summer Term _____ (year)

Number of enrolled credits at SU during the time you are completing the course(s) off campus _____

Name _____

Student ID No. _____

Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

Major _____

GPA _____

Anticipated Graduation Date: _____

Approval of this request is dependent on the following:

1. The requested course(s) must not be a major requirement as stated by department policy.
2. A current catalog description of the off-campus course must accompany this form.
3. All English writing courses must be taken at Stevenson University.
4. The last 30 credits toward your degree must be taken at Stevenson University.
5. Courses may not be taken off campus during a semester (including May and Summer terms) they are offered at Stevenson University.
6. This form is valid only for the semester as checked above.

I request permission to take:

<u>Course</u>	<u>College</u>	<u>SU Equivalent</u>
_____	at _____	_____
_____	at _____	_____
_____	at _____	_____

Reason for this request:

Note the following information:

You must earn a "C" or better for the credit to transfer; however, the course is not calculated into your GPA.

You are responsible for providing an official transcript to Stevenson University upon completion of the course(s).

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- Request Approved
- Request denied because:

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Registrar:

Stevenson University student, _____, has permission to take _____

_____ at your institution for the _____ semester and transfer the credits to Stevenson University. Upon completion of the course(s), an official transcript should be sent to **Office of the Registrar, Attn: Transfer Evaluator, 1525 Greenspring Valley Road, Stevenson, MD 21153.**

Approval Signature _____

Date _____