Request for Credit, Off-Campus Course-work.

**Students: Complete top portion of this form only**

Date: ____________________

Student name: ____________________________________________ Class year: __________

Course number and title: ____________________________________________

*(A separate form must be completed for each course)*

Department/program of course: ____________________________________________

School at which course was taken: ____________________________________________

Semester/quarter and year of course: ____________________________________________

Number of credit hours/quarter hours of course: ________________________________

Supporting materials provided (please check): _______________________________________

  - Copy of transcript (unofficial photocopy is acceptable) __
  - Grade in the class __
  - Syllabus __
  - Exams, how many? ________________ __
  - Papers, how many? ________________ __
  - Other (please specify) ________________________________

**Amount of pre-estimated credit:** ________________________________

Additional comments may be written on the back of this form. Please leave this form and supporting materials with Stacey Hogge, Kohlberg 232.

For department use only:

Subject for which credit is being approved: ________________________________

Credit approved in the amount of ________ credit(s)

Approving faculty printed name: ____________________________________________

Approving faculty signature: ____________________________________________

__ Copy to registrar
__ Copy to files
__ Copy to student
__ Materials to student

Please return all material to Stacey Hogge by ________________