Request for Approval of Off-Campus Courses

Completed by Student:

Name ______________________________________ Student ID# _________________________

Major ____________________________ 2nd Major ____________________________ Class Level: Fr So Jr Sr

Semester you plan to graduate (if within the next calendar year) _______________________________

I am requesting approval to transfer the following courses from _____________________________________
to be taken ________________________ (semester / year) .                    (college / university)

I plan on taking _________ hours at USF during the semester I take this(se) course(s). (Must be completed. Any hours over 18 TOTAL is an overload and must be specifically approved by the dean of your college. Unapproved overload transfer hours will NOT be transferred.) Courses must be taken in the term approved. If courses are taken a different term, they must be approved again.

<table>
<thead>
<tr>
<th>Course Dept.&amp; No.</th>
<th>Course Title</th>
<th>Hours</th>
<th>USF Course Equivalent or Requirement Fulfilled</th>
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I understand that grades must be “C” or better in order for the University of St. Francis to accept the work. Upon completion of my coursework, I must request a copy of my transcripts to be sent from the institution listed above to the Registrar’s Office at St. Francis.

Student Signature __________________________ Date ________

Reason for request ____________________________________________________________

Approval of Advisor:

Advisor Signature __________________________ Date ________

Teacher Certification or Second Major Advisor Signature:

_______________________________ Date __________________

Approval of Dept. Chair Approval of Dean/Assoc. Dean

_______________________________ Date __________________

Completed by Registrar:

○ Approved

○ Approved – because you have reached the maximum number of hours transferable from a community college, we will substitute the course(s) listed above for elective hours you transferred in earlier.

○ Denied

Notes:

Registrar’s Signature __________________________ Date __________