

Off-Campus Course Approval Form COURSE DESCRIPTIONS MAY BE REQUESTED

Please print:		Date:			
Name:	ID) #:			_
Address:					
Email:	To	elephone:			
Major: Advisor					
Requirements All off-campus courses must re Courses must be taken at appr MMU. Transfer courses canno Off-campus course permissions with the residency requirements Official transcripts must be n summer classes, February 1	opriately accredited institured to be used to replace unsates are not given for the lastes. Inailed directly to and be	tions. A grade of C is resisfactory grades at MMI 32 credits of the Bacca	equired for transfer J. laureate degree in cross Office by Octo	back to compliance	
Term enrolling (circle one) Fall	Winterim	Spring	Summer		
College/University where taken:					_
Course Number and Title:					
Anticipated completion date:	Credits:	Taken for (d	circle one) Elective	e Major Cor	re
Reason for taking course off-campus:					_
Course Number and Title:					_
Anticipated completion date:	Credits:	Taken for (d	circle one) Elective	e Major Cor	re
Reason for taking course off-campus:					
Course Number and Title:					
Anticipated completion date:	Credits:	Taken for (d	circle one) Elective	e Major Cor	re
Reason for taking course off-campus:					
Signatures					
Student					
Department Chair of Student's Major					
Registrar					
For office use only:					_