

**MONMOUTH COLLEGE
OFFICE OF THE REGISTRAR**

ID# _____ REQUEST TO TAKE COURSE WORK OFF-CAMPUS BOX# _____

STUDENT NAME: _____ DATE: _____

HOME ADDRESS, CITY, STATE, ZIP: _____

1. Name of off-campus institution: _____

2. Course number: _____ Title: _____

3. Credit hours to be earned: _____

4. SESSION: _____ Fall _____ Winter _____ Spring _____ Summer YEAR: _____

5. How is this course delivered?
_____ Classroom, onsite _____ Video tape
_____ Internet _____ Correspondence
_____ Other (explain) _____

6. Purpose for taking the course:
_____ Elective credit _____ General education requirement
_____ Major credit _____ Teacher certification requirement

7. For what specific course or requirement within the Monmouth College curriculum do you expect this course to substitute?

_____ Dept. Course Number _____ Title _____

_____ General Education Requirement _____

_____ N/A (Elective Credit) _____

8. Is this to be taken as a repeated course? _____ Yes _____ No

* If yes, understand that satisfactory completion of this course means that the credit hours brought in will REPLACE any hours previously earned for the course you are repeating, NOT ADD to them.

9. Signatures:

Advisor _____

Dept. Chair _____
(If major, minor, or repeated course)

Registrar _____

It is understood that:

1. Credit will not be given for any course where the grade is less than C-.
2. The senior residency requirement stipulates that after attaining senior status (90 SH), at least 27 SH of the remaining credits required for the degree must be granted by Monmouth College.
3. No more than 31 SH in transfer credit will be allowed after matriculation and the total number of transfer credits may not exceed 62 SH.

10. _____
Student Signature Date

OFFICE USE ONLY

Transfer Hours	Earned Hours	Current Semester	Session GPA	Cumulative GPA