

OFF-CAMPUS STUDY COURSE APPROVAL

Name _____

Off-Campus Program _____

Hope ID _____

Semester _____

Date _____ Major(s) _____ Minor(s) _____

Course Title	Credits*	Corresponding Hope Requirement	Major	Minor	Gen Ed	Elective	Chairperson Signature**

* If the course is 3 credits, it will be posted to your Hope record as 3 credits. Sometimes 3-credit courses do not satisfy 4-credit requirements.

** For a course to fulfill only a general education requirement, the chairperson's signature is not needed. The Registrar signs for general education requests.

- Recommended
 - Not Recommended
 - Approved
 - Denied
- _____

Advisor Signature

Date
- _____

Registrar Signature

Date

If you are planning to teach, you also need approval from the Education Department:

- Approved
 - Denied
- _____

Dr. Sara Hoeve, Director of Certification

Date