

## **COURSE APPROVAL FROM OTHER INSTITUTIONS**

STUDENT'S NAME:		CLASS LEVEL:
MAJOR:	MINOR:	DATE:
COLLEGE OR UNIVERSITY TO BE ATTENDED:	NAME OF IN	STITUTION
		ADDRESS
COURSE(S) DESIRED:		
REASON FOR REQUEST:		
	A COPY OF THE COURSE DESCR	IPTION(S) TO THIS FORM. (REQUIRED)
GETTING APPROVAL OF THE <b>REG</b>	•	HAVE APPROVAL OF YOUR <b>DEPT. CHAIR</b> BEFORE
DEPT. CHAIR:		DATE:
REGISTRAR:		DATE:
+ PLEASE + EACH ST	GRADE OF "C" OR ABOVE IS NECESSARY TO TRANSFER CREDITS;  LEASE NOTE THAT ONLY THE CREDITS ARE TRANSFERRED, NOT THE GRADE.  ACH STUDENT MUST REQUEST THAT A TRANSCRIPT OF THEIR SUMMER GRADE(S)  E SENT TO THE REGISTRAR'S OFFICE, SAINT JOSEPH'S COLLEGE.	
COPIES TO: STUDENT; MAJOR DEP	г.	
ACADEMIC RECORDS OFFICE: GRA	ADE RECEIVED: DATE:	ЈТ 📗