

SAINT JOSEPH'S COLLEGE

Approval for Summer School

STUDENT'S NAME: _____ CLASS LEVEL: _____

MAJOR: _____ MINOR: _____ DATE: _____

COLLEGE OR UNIVERSITY
TO BE ATTENDED:

NAME OF INSTITUTION
ADDRESS

COURSE(S) DESIRED: _____

REASON FOR REQUEST: _____

SIGNATURE OF STUDENT: _____

PLEASE ATTACH A COPY OF THE COURSE DESCRIPTION(S) TO THIS FORM. (REQUIRED)

IF THE DESIRED COURSE IS IN YOUR **MAJOR FIELD**, PLEASE HAVE APPROVAL OF YOUR **DEPT. CHAIR** BEFORE GETTING APPROVAL OF THE **REGISTRAR**.

DEPT. CHAIR: _____ DATE: _____

REGISTRAR: _____ DATE: _____

REMINDER:

- + A GRADE OF "C" OR ABOVE IS NECESSARY TO TRANSFER CREDITS;
- + PLEASE NOTE THAT ONLY THE CREDITS ARE TRANSFERRED, NOT THE GRADE.
- + EACH STUDENT MUST REQUEST THAT A TRANSCRIPT OF THEIR SUMMER GRADE(S) BE SENT TO THE REGISTRAR'S OFFICE, SAINT JOSEPH'S COLLEGE.

COPIES TO: STUDENT; MAJOR DEPT.

ACADEMIC RECORDS OFFICE: GRADE RECEIVED: _____ DATE: _____ KJP LMM RS