

Drew University

Pre-Approval for Course Credit for Off-Campus Study

Student Name _____ Student ID# _____ Contact phone number _____

Semester (circle): Fall 20____ Spring 20____ Program Name and Location _____

Advisor Name _____ Major _____ Minor _____

Students must obtain signatures from their advisor, the appropriate department chair (for major or minor credit) and the University Registrar

Student Section			Faculty Advisor and Department Chair Section	
Course No. (e.g. BIO 101)	# of Credit Hours	Course Title*	Advisor Signature (required for each course)	Department Chair Signature (For major/minor courses only)
				<input type="checkbox"/> Major <u>or</u> <input type="checkbox"/> Minor
				<input type="checkbox"/> Major <u>or</u> <input type="checkbox"/> Minor
				<input type="checkbox"/> Major <u>or</u> <input type="checkbox"/> Minor
				<input type="checkbox"/> Major <u>or</u> <input type="checkbox"/> Minor
				<input type="checkbox"/> Major <u>or</u> <input type="checkbox"/> Minor
				<input type="checkbox"/> Major <u>or</u> <input type="checkbox"/> Minor
				<input type="checkbox"/> Major <u>or</u> <input type="checkbox"/> Minor
				<input type="checkbox"/> Major <u>or</u> <input type="checkbox"/> Minor

***Course descriptions for each course must be submitted with this form. Transfer credit is determined upon receipt of an official transcript.**

Student Signature _____ Date _____ Registrar Signature _____ Date _____