



Request for Off-Campus Study Approval

*This form must be completed **prior to** beginning off-campus study to be assured that academic credit will be awarded by York College. Students must work with their Academic Advisor prior to submitting this form and supporting course documentation to the Registrar.*

Name: _____ **ID #:** _____

Institution You Wish to Attend: _____

Address of Institution: _____

Semester of Attendance: _____ **Year:** _____

A form is required for each institution and each semester you take a course off campus.

PERMISSION IS NOT GRANTED FOR OFF-CAMPUS REPEATS OF COURSES TAKEN AT YORK COLLEGE.

1. Courses You Wish to Take				<i>(This section is completed by Advisor or Registrar only)</i> York College Course Equivalent				
Subj. Code	Course No.	Title	Credits	Subj. Code	Course No.	Title	Credits	Gen. Ed.
<i>Example: PSY</i>	<i>138</i>	<i>Intro to Psych</i>	<i>3</i>	<i>Example: PSY</i>	<i>100</i>	<i>Intro to Psych</i>	<i>3</i>	<i>*See code</i>

*Specific GenNext area met: F = Foundations, DP= Disciplinary Perspectives, HIPI

Please note the following York College policies that also apply to courses taken abroad:

- *It is necessary for the student to provide the Academic Advisor and the Registrar with course descriptions in order to determine the appropriate York College course equivalencies. The course descriptions are usually found in college catalogs.*
- *Credits earned with a “2.0 on a 4.0 scale” or better may be transferred back to York College. Grades earned in courses at other institutions do not transfer to York College.*
- *Undergraduate students are reminded that they must complete the last thirty (30) credit hours of their program at York College to be eligible for graduation.*

- *It is the responsibility of the student to have the college or university named on this form send an official transcript of the work completed to the Registrar's Office, York College of Pennsylvania, York, PA 17403.*

By signing below, I have read and understand the instructions and policies listed on this form, those included in the catalog, and will adhere to the polices as stated in the York College of Pennsylvania course catalog.

Student Signature: _____ **Date:** _____

I have confirmed that this student is in good academic standing at York College of Pennsylvania and after successful completion has permission to transfer the courses listed above to York College.

Academic Advisor (or Graduate Coordinator):

Print Name _____ *Date*

Signature

Director of General Education:

(Only required if student is seeking General Education distinction for a course)

Print Name _____ *Date*

Signature

Registrar:

Print Name _____ *Date*

Signature