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. There is no guarantee of transfer credit if this form is received after the course is completed.*

Name: _____ **ID #: 90**_____

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 COMPLETED AT YORK COLLEGE.

Courses You Wish to Take				*(This section is completed by the Advisor or Registrar only)* **York College Course Equivalent**				
Subj. Code	**Course No.**	**Title**	**Credits**	**Subj. Code**	**Course No.**	**Title**	**Credits**	**Gen. Ed.**
Example: CAT	*138*	*Intro to Examples*	*3*	*Example: CAT*	*100*	*Intro to Ex*	*3*	**See code*

*Specific GenNext area met: F = Foundations, DP= Disciplinary Perspectives, HIPI= High-Impact Practice and Innovation

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

- *The student may be required to provide their Academic Advisor and/or the Registrar with course descriptions or syllabi in order to determine the appropriate York College course equivalencies. These documents can be obtained from the other institution or be found in their course catalogs.*
- *Credits earned with a grade of "2.0 on a 4.0 scale," a "C on a letter-grade scale," or better may be transferred back to York College. The grades earned do not transfer to York College or affect GPA.*

- *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.*
- *Credit may not be given until the official transcript is received and evaluated by the Registrar's Office. It is the responsibility of the student to have the institution named on this form send an official transcript of the work completed to York College of Pennsylvania, York, PA 17403.*

By signing below, I have read and understand the instructions and policies listed on this form 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, 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

☐ ***Received after course was completed***