Off-Campus Program Course Selection Form

Student Name: Off-Campus Program:					
Form in	structions: albion-sa.terrad	otta.com/?go=Course and Credit Evaluation	<u>Form</u>		
		ing your off-campus program. In most cases for classes or listings. CIE is available to a		ourse syllabi will be	
Course	#	Course Name	Credits with the off-campus program	Albion credit equivalency (Albion Units)	
a syllabus, and any additional departmental requirements a syllabus, a justification, and a petition to the Registrar' Comments: Student Signature ACADEMIC ADVISOR. Signature confirms that you		mental requirements. To apply an OCP coulion to the Registrar's Office. e confirms that you have discussed the proper			
	_	e student's graduation plan.			
		_Signature		<u> </u>	
DEPAR ' student, d	TMENT CHAIR (MAJOR	C1). Signature confirms that you have discifil requirements for the student's major. Pro	ussed the above off-campus o	course work with this	
C	Comments:				
N	lame:	Signature	Date	<u> </u>	
discussed	d the above off-campus cour	2 or MINOR, if credit will be applied tow se work with this student, and how it is expense OCP credit to the student's major has been	cted to fulfil requirements fo		
C	Comments:				
N	lame:	Signature	Date	<u> </u>	
		that, upon satisfactory completion of the abo to Albion College modes/ categories has bee		receive full course credit.	
C	Comments:				
N	Jame:	Signature	Date		