Albion College Off-Campus Course and Credit Evaluation Form

Student Name:			Student ID:		
STUDENT					
List the countries or listings, to a Note: In sea advisor and this form to	hen consult with your act ome programs, specific c department chair(s) to pl confirm that the College	ng your off-campus program. Check the acade ademic advisor and department chair(s) about hourse offerings are not available prior to arrival an as best as you can with limited information. will award the expected amount of credit. You I schedule into the Brits Abroad portal.	ow these courses fit into on site. In that case, w If the coursework chan	your graduation plan. ork with your academic ges, you must re-submit	
category cor petition may	nmittee in question must	lo not count for Mode or Category requirements be obtained through the petition process for a core or after study abroad participation. A course gistrar's Office.	ourse to count for Mode	e or Category. This	
Off-Campus Program:		O	Off-Campus Semester & Year:		
Course #	Course Name		# of OCP credits	Expected AC units	
Your signatu toward the s	tudent's graduation plan.	ve discussed the proposed off-campus course we		d approve it to count	
Pri	nt Name:	Signature	Da	te	
Your signati	IENT CHAIR (MAJOR ure confirms that you have major.	ve discussed the above off-campus course work	with this student, and a	pprove it to count toward	
Cor	mments:				
Pri	nt Name:	Signature	Da	te	
Your signati		2 or MINOR, if credit will be applied towar we discussed the above off-campus course work		pprove it to count toward	
Cor	mments:				
Pri	nt Name:	Signature	Da	te	
REGISTRA Your signati		atisfactory completion of the above courses, the	e student will receive ful	l course credit.	
Cor	mments:				
Pri	nt Name:	Signature	Da	te	