Application for Study at Another Institution

Completed forms must be submitted to the Registrar’s Office by the Add/Drop deadline.

Student ID ______________ Name ____________________________________
(last) (first)

Class: FY SO JR SR GR Term: FA SP Maymester SU Year: _____________

Major/Program _______________________________________________________

Phone # ______________________ Email Address _________________________

Institution where courses will be taken*

* Students must independently apply/register at the institution.

* Students wishing to cross register should complete a Cross Registration Request Form.

A copy of the course description(s) should accompany this application.

Institution Name ___________________________________________________

Address ____________________________________________________________

(Street or PO Box) (City) (State) (zip)

Please indicate by letter the purpose for which the course is being taken:

A. Elective

B. Major or Minor Requirement—Dean’s signature required

C. Educational Certification Requirement—Dean’s signature required

D. General Education Requirement—Dean’s signature required

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<th>Purpose</th>
<th>Catalogue Page #</th>
<th>Course Number</th>
<th>Course Title</th>
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I understand that:

* I will receive credit from Chatham University only for those courses that receive prior approval.

* If it is necessary for me to take a course other than that for which I have received approval, I must receive approval for the replacement course prior to taking the course.

* Please note: Grades do not transfer. Any credits for which a student is independently registered at another institution will not be counted towards student’s enrollment status at Chatham for financial aid or any other purpose.

Student Signature __________________________________ Date __________

Faculty Advisor __________________________________ Date __________

Graduate Program Director ____________________________ Date __________
   (if applicable)

Dean Signature __________________________________ Date __________