

Student ID _____

OFF-CAMPUS COURSE APPROVAL

Name _____

Classification: FR SO JR SR

Campus Box # / Address _____

Major _____ Minor _____

School where course work is to be completed: _____

Term to be completed: _____

Course(s) to be approved (need course **prefix, number and name**): **ATTACH COURSE DESCRIPTION**

***The selection of courses should be made with advisor to insure fitting into degree plan.**

The course(s) you submitted have been evaluated and I have determined the following:

___ Yes, the course(s) will transfer to William Woods University as the following:*

___ No, the course(s) will not transfer. The reason is: _____

***Compare to your course history to make sure they are not repeats.**

Please feel free to contact me at (573) 592-4251 with any questions.

****NOTE: Credit is given if a grade of C or better is earned. Credit only - not grades - are transferred.**

Transfer course work is not accepted when part of the student's final 30 hours.

Official transcripts certifying off-campus course work must be received at the Registrar's Office PRIOR to the student's FINAL semester (last 15 hours).

Registrar's Signature

Date

06/07