ANOTHER INSTITUTION COURSE APPROVAL FORM

Western Connecticut State University

In requesting permission to take a course at another college or university, I recognize that to be transferable, my grade must be a "B" or better. I further understand the grade received will not be incorporated into my quality point average, but will appear on my record as transfer credit (T). When requesting approval, it is my responsibility to provide a catalog description of the course to the appropriate Program Coordinator and the Graduate Dean and to be certain that an official transcript is sent to the Division of Graduate Studies at Western.

Name	Date	
Student ID #		
Address		
Telephone	Email	
Program and Degree		
I request permission to take the	e following course:	
Dept Course #	Title	Cr
at College/University Name		
Location	during year (Circle One) Fall / Spr	ing / Summe
**********	*************	
TO BE COMPLETED BY PRO	OGRAM COORDINATOR	
Course will transfer as (check of	one) program requirement program	elective
Transfer course equivalent:		
Dept Course #	Title	Cr
Program Coordinator Approva	1	
Trogram Coordinator ripprovar	Signature	Date

RECEIVED AND PROCESSE	ED BY DIVISION OF GRADUATE STUDIE	ES
Division of Graduate Studies _	Signature	Date
This form must be filled out co	ompletely. Incomplete forms will be returned	
To be made out in duplicate		
Original – Graduate Office Co	opy – Student	