

**MONMOUTH COLLEGE  
OFFICE OF THE REGISTRAR  
REQUEST TO TAKE COURSE WORK OFF-CAMPUS**

ID#: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MAJOR: \_\_\_\_\_

1. Name of off-campus institution: \_\_\_\_\_

2. Course prefix & number: \_\_\_\_\_ Title: \_\_\_\_\_

3. Hours/Course Credit to be earned: \_\_\_\_\_

4. SESSION: \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer YEAR: \_\_\_\_\_

5a. Purpose for taking the course:

- \_\_\_\_\_ Elective credit
- \_\_\_\_\_ Major or minor credit
- \_\_\_\_\_ Teacher Licensure
- \_\_\_\_\_ Core Curriculum Requirement

5b. Please indicate which course or requirement you expect this course to substitute.

\_\_\_\_\_ Elective Credit  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is this to be taken as a repeated course? \* \_\_\_\_\_ Yes \_\_\_\_\_ No Office Use: \_\_\_\_\_

Monmouth College course to be replaced: \_\_\_\_\_

\*If yes, understand that satisfactory completion of this course means that the credit hours brought in will REPLACE any hours previously earned for the course you are repeating, NOT ADD to them.

7. Signatures:

Advisor Name \_\_\_\_\_ Advisor Signature \_\_\_\_\_

Program Coordinator \_\_\_\_\_ Program Coord. Signature \_\_\_\_\_  
Name (Signature required if request is for major, minor, teacher licensure or course replacement.)

It is understood that:

1. Credit will not be given for any major or minor course where the grade is less than C-.
2. The senior residency requirement stipulates that after attaining senior status (24 Course Credits), at least 6 of the remaining course credits required for the degree must be granted by Monmouth College.
3. The total number of transfer credits may not exceed 20 Course Credits.

8. \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

9. \_\_\_\_\_  
Registrar's Signature: Approved Not Approved Date \_\_\_\_\_

**OFFICE USE ONLY**

Transfer Hours	Earned Course Credits	Current Semester	Session GPA	Cumulative GPA