

**Welch College
Registrar's Office
OFF-CAMPUS COURSE REQUEST FORM**

Date: _____

Student's Name & Signature: _____

Nature of Request: *Classroom Course* *On-Line Course*

College Name: _____

Course # and Title: _____

(Student: ATTACH COURSE DESCRIPTION FOR COURSE)

Course Credit (Semester Hours): _____ or (Quarter Hours) _____

Tentative Dates and Semester: _____

Welch Course # & Title Equivalent _____

Reason for Request: *Student must check appropriate reason.*

___ Unable to schedule sufficient required courses to maintain full time status

___ Family relocating and course not offered via Welch online program

___ Non-elective change in work schedule

___ Change in family responsibilities (e.g., child care, spouse work schedule, care of a relative, etc.)

___ Course substitution required for graduate school

___ Course not offered at Welch (e.g., French, sociology, ROTC, flute, band, etc.)

___ Graduating and course not offered in schedule before graduation

___ Other (Be specific) _____

Remember! Only 12 hours of the last 60 in a baccalaureate program, and 6 hours of the last 30 in an associates program may be taken off campus.

To be completed by Advisor:

Total number of hours transferred to Welch _____

Total number transferred to the Bible major _____

Total number transferred to another major _____

Total number of hours taken off campus during the Junior or Senior year _____

To be completed by Registrar:

Approved: Yes No

Alternative Recommended: Yes No

If Yes list recommendation: _____

(Advisor or Dept. Chair Signature)

(Date)

(Registrar)