COLLEGE OF SAINT MARY

APPROVAL FOR
COURSE TO BE TAKEN AT ANOTHER COLLEGE
(MAY NOT EXCEED A TOTAL OF 15 CREDITS FROM ALL OTHER INSTITUTIONS AFTER
ACCEPTANCE AT COLLEGE OF SAINT MARY)

Date: __________________________

Name: ___________________________  Student ID#: __________________

Major: ___________________________  Full time: _____  Part time: _____

Total number of hours taken at another college since enrolled at College of Saint Mary: _________
(Does not include transfer hours completed before acceptance at CSM.)

College at which course will be taken: ________________________________

Semester in which course is to be taken: ________________________________

This is to certify that the student named above is a student in good standing at College of Saint
Mary. College of Saint Mary will accept the course listed below as transfer credit in the student’s
program, if the student earns a grade of “C” or better, and if prior approval has been granted for
the student to take the course.

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>COURSE NUMBER</th>
<th>COURSE TITLE</th>
<th>SEMESTER or QUARTER HOURS</th>
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Justification for taking course off-campus (to be completed by student):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

_________________________________________________________ ________________
Student’s Advisor  Date

_________________________________________________________ ________________
Registrar  Date

_________________________________________________________ ________________
Division Chair of Student’s Major  Date

Original to: Registrar  Copies to: Student Advisor

Revised: 06/05