

# 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.**

DEPARTMENT	COURSE NUMBER	COURSE TITLE	SEMESTER or QUARTER HOURS
_____	_____	_____	_____
_____	_____	_____	_____

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