DOMINICAN COLLEGE
REQUEST FOR OFF-CAMPUS COURSEWORK

STUDENT'S NAME: _____ STUDENT'S ID #: _____

MAJOR: _____

COURSE(S) REQUESTED :

Course #	Title	Credits

*Attach course description(s) (from catalogue).

INSTITUTION: _____ SEMESTER/TRIMESTER OF STUDY: _____

REASON FOR REQUEST:

_____

_____

_____

_____

STUDENT'S SIGNATURE: _____

_____ _____

ADVISOR APPROVAL DIVISION DIRECTOR APPROVAL

APPROVAL

This is to certify that _____ is a student in good standing at Dominican College and he/she is hereby granted permission to register for the approved course(s) at the above named institution.

_____

THOMAS NOWAK, Academic Dean
ANN VAVOLIZZA, Associate Academic Dean
DAPHNE ESTWICK, Assistant Academic Dean

_____

(Date)

cc: Advisor
Registrar
Financial Aid Office

Office of the Academic Dean

OffCampusForm
Revised 10/15