

MASSACHUSETTS COLLEGE OF LIBERAL ARTS
Request for Off-Campus Study Approval

Student ID Number:

Name: _____
LAST FIRST MIDDLE

Last semester attended (MCLA): _____

Name of college to be attended: _____

Address of college to be attended: _____

Semester / Term attending: _____ / _____
(BEGINNING DATE) (ENDING DATE)

Permanent home address: _____

Home telephone number: (____)-_____ Major: _____

I wish to enroll in the following course(s): **course description MUST accompany all courses listed below** and I have attached a description for each course listed below.

To be completed by student

To be completed by Dept. Chair / Registrar



COURSE #	COURSE TITLE	CR. HRS	CORE EQUIV.	MCLA EQUIV.	CR. HRS	OFFERING DEPT. CHAIRPERSONS SIGNATURE

I understand that it is my responsibility to submit an official transcript to the Registrar's Office within thirty days of completion and these courses will be evaluated in accordance with the official transfer policy of Massachusetts College of Liberal Arts. An overall GPA of 2.0 is required for any credits to transfer to MCLA. Please note that credits (not grades) are transferred to MCLA only for courses in which a grade of C- or higher was earned. I further understand that I must complete at least 45 credits at MCLA to be eligible to receive a degree from MCLA.

Student's signature _____ Date _____

Student's major department chairperson _____ Date _____

Registrar _____ Date _____

*Special program approval _____ Date _____

Comments _____

*For students enrolled in special programs ie: Study Abroad, Minor Programs, etc.