

OFF-CAMPUS COURSE REQUEST

Student Inf	ormation						
Student ID#:	tudent ID#:			Semester:		Year:	
Name:							
Name: First		Middl	Middle		Last		
Degree/Major	r:						
Class: Fresl	hman 🗆	Sophomore \Box	Junior \Box	Senior \Box	Graduate 🗆		
Off-Campu	s Course	Information					
In addition to institution.	completin	g the information be	elow, the student	t must also provi	de the <u>course desc</u> i	ription fron	n the other
School Name	hool Name:			City:		State:	
Course Subj./	ourse Subj./Number:		Title:			Credits:	
Semester:	nester: Year:		'ear:	Begin Date:		End Date*:	
$\mathbf{R}_{eason(s)}$ for	taking the	course at another ir	estitution.				
Keason(s) 101	taking the	course at another in	Istitution				
What is your Is the course i	expected g requested a aking this c	ate must end prior t raduation date? prerequisite for a r course concurrently es, indicate # of crea	egistered or plar with courses at \$	– nned course in su SUNY Maritime	College?	? 🗆 Yes	□ No □ No
at the other in Maritime Co to be accepted	stitution. ⁷ bllege, 6 Pe d in transfe on. Course	oproval from the De The student must re ennyfield Avenue , T r at SUNY Maritim es transferred are ree ve GPA.	Equest that an of Throggs Neck, I e College, the st	fficial transcrip NY 10465 upon o udent must obtai	t be sent to the Of completion of the c n a grade of C or 1	fice of the F ourse. In or better in the	Registrar, SUNY rder for the course e course at the
Student Sigr	Student Signature:			Date:			
Approval SUNY Mariti	me Colleg	e <u>Equivalent Course</u>	Information				
	Ū.	*					
Course Subj./	Number: _		_Title:				Credits:
				Date:			
		tted to the Office of t					