



STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE

OFFICE OF THE REGISTRAR

Request to Take a Course Off-Campus

Name: _____ ID: _____

Major: _____ Class: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Request permission to take a course at _____
School Name – In Full

located in City: _____ State: _____

in _____ from _____ to _____
Semester Year

Course at other institution Department and Number: _____

Title: _____ Hours/Credits: _____

Reason(s) for taking the course at another institution:

The course description is attached Yes _____ or No _____ If no, the description must be online from the institution web site _____.

Approval for this course must be obtained from the Department Chairperson here at Maritime College before the student can register at another institution.

The equivalent course at SUNY Maritime College is Course Dept and Number _____

Title _____ and Credits _____

Approval is granted _____ or denied _____.

Signature of the _____ Department Chairperson required: _____ Date _____
Department

Each student must read and sign this statement listed below. I understand that I must obtain at least a C or better in the course at the other institution. It is my responsibility to **request that an official transcript must be sent to the Office of the Registrar, SUNY Maritime College, 6 Pennyfield Avenue, Throggs Neck, NY 10465** within two months* (exception are for students graduating in that same semester and therefore must be within two weeks of the end of the course), of the end of the semester, after taking the course to be accepted at Maritime College No faxed transcript will be accepted. The course will be noted on the record but the grade will only be recorded as transfer credits. The course will only be included in credits earned and not in the Cumulative GPA.

Signature of the Student: **X** _____ Date: _____

Return this form to the Office of the Registrar Maritime College before registering for the course at the other institution.

Received _____ Official transcript received _____ Grade _____ Posted to student's record _____ Date _____

C: off-campus course request 3/05