

## OFF-CAMPUS COURSE REQUEST

### Student Information

Student ID#: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_  
First
Middle
Last

Degree/Major: \_\_\_\_\_

Class: Freshman  Sophomore  Junior  Senior  Graduate

### Off-Campus Course Information

In addition to completing the information below, the student must also provide the **course description** from the other institution.

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Course Subj./Number: \_\_\_\_\_ Title: \_\_\_\_\_ Credits: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date\*: \_\_\_\_\_

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

\*Semester dates at other institutions may differ from SUNY Maritime. A course that is a prerequisite for a course in a subsequent term must end prior to the start of that term in order to be eligible to take the post requisite course. Proof of grade must be submitted no later than the “Last Day to ADD” of that term. Courses needed to graduate must end prior to the expected graduation date.

What is your expected graduation date? \_\_\_\_\_

Is the course requested a prerequisite for a registered or planned course in subsequent semester?  Yes  No

Will you be taking this course concurrently with courses at SUNY Maritime College?  Yes  No

If yes, indicate # of credits you plan to take at SUNY Maritime: \_\_\_\_\_

A student must obtain approval from the Department Chairperson of the course here at Maritime College prior to registering at the other institution. The student must **request that an official transcript be sent to the Office of the Registrar, SUNY Maritime College, 6 Pennyfield Avenue, Throggs Neck, NY 10465** upon completion of the course. In order for the course to be accepted in transfer at SUNY Maritime College, the student must obtain **a grade of C or better** in the course at the other institution. Courses transferred are recorded as transfer credit (without the grade) and applied to earned credits, but are not included in cumulative GPA.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Approval

SUNY Maritime College Equivalent Course Information:

Course Subj./Number: \_\_\_\_\_ Title: \_\_\_\_\_ Credits: \_\_\_\_\_

**Department Chairperson Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form must be submitted to the Office of the Registrar at Maritime College prior to registering for the course at the other institution.**