Office of the Registrar

APPROVAL FOR OFF-CAMPUS STUDY

Name: ________________________________________  Student: ID #: ________________

____ Freshman  ____ Sophomore  Major:  __________________________

Prior to taking the coursework off-campus, you must obtain the approval of:

1. Department Advisor
2. Office of Academics
3. Registrar

Course Work For Approval

College / University: __________________________________________________________________

Semester:  Fall __________  Spring __________  Summer _________

<table>
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<tr>
<th>Course No.</th>
<th>Title</th>
<th>Credits</th>
<th>In Lieu of</th>
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Department Advisor: ________________________________________________        Date: _______________

Senior Director of Academics: _________________________________________       Date: _______________

Registrar: _________________________________________________________        Date: _______________

Please read the following important notes:

1. Students may not transfer more than six (6) credits in approved off-campus courses.
2. Only credits from Johnson College will be used to compute a student’s grade point average (GPA).
3. A grade of “C” or better must be earned for transfer of credit. A grade of “C+” or better is required for some health science courses. Please contact your department advisor.
4. Johnson College reserves the right to deny transfer of credits.
5. After completion of coursework, an official transcript must be sent directly to:
   Johnson College - Registrar’s Office, 3427 North Main Ave., Scranton, PA 18508

I have read and understand the above information.

Student Signature: __________________________________________ Date: ____________