



## REQUEST TO ENROLL IN OFF-CAMPUS COURSE

- Students should always contact their advisor when considering taking an off-campus course. **(A course previously attempted at CBU, including a withdrawal cannot be completed off campus.)**
- Student is to complete the top of the form, including the information for the external institution. A separate form is required for every course. **CBU students who have attained junior status (60 or more credit hours) may request to take courses only at four-year regionally accredited colleges and universities, or through CBU-approved study abroad program.**
- Attach a copy of the course description from the other college's school catalog including school URL.
- OBTAIN CBU COURSE EQUIVALENCY AND SIGNATURE FROM THE ASSOCIATE REGISTRAR.**
- Once the Associate Registrar has signed off on the course equivalency, submit the form to your Department Chair and Dean over your major.**
- You will receive notification from the Office of the Registrar by CBU email whether your request is approved or denied.**
- Do not take the off-campus course until you receive email approval!**
- If you are requesting to take an off-campus course and you are currently enrolled in the prerequisite, you must pass the prerequisite in order to be approved to take the requested course. If you do not pass the prerequisite, your permission to take the off-campus course will be revoked.
- Once you have completed the class, request an OFFICIAL transcript from the other college showing completed coursework. Only courses with grades of "C" or better are transferable for credit. Only credit is transferred (not grades or quality points) and hours will count toward HOPE scholarship benchmark.

Name: \_\_\_\_\_ ID#: 899 \_\_\_\_\_ CBU Email: \_\_\_\_\_@cbu.edu

Major: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

Have you filed an "Intent to Graduate Application? Yes  No  Anticipated date of graduation (Term & Year)? \_\_\_\_\_

I request permission to take the following course off campus at **(must be a regionally accredited institution)**:

External School Name: \_\_\_\_\_ Location (City, State) \_\_\_\_\_

Community College  Four-Year Institution  Format: Online  On Site  Term: Summer  Fall  Spring

Year: \_\_\_\_\_ Course Dates: \_\_\_\_\_ Prerequisite(s) Satisfied: Yes  No

Is the student currently enrolled in any prerequisites? If so, specify currently enrolled prerequisites: \_\_\_\_\_

External Dept. Prefix / #:	External Course Title:	Credit Hours:	Explanation for Off-Campus Request:

*I understand that I must meet all graduation and enrollment requirements as published in the Christian Brothers University catalog in order to graduate. I have not previously attempted the equivalent course at CBU.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR FACULTY / STAFF USE ONLY

#### CBU COURSE EQUIVALENCY TO BE COMPLETED BY THE ASSOCIATE REGISTRAR:

Dept. Prefix/#	Course Title	Credit Hours
<b>Associate Registrar Signature / Date:</b>		
	<b>Signatures</b>	<b>Date</b>
<b>Department Chair of Student's Major</b>		<b>Circle One</b> <b>Recommend Deny</b>
<b>Dean of Student's School</b>		<b>Recommend Deny</b>