

APPLICATION TO REGISTER FOR OFF-CAMPUS COURSES

POLICIES REGARDING OFF-CAMPUS COURSE REQUIREMENTS:

Students, once accepted, are expected to complete all course work at Gwynedd Mercy University. Approval to take courses elsewhere will be granted to students in good academic standing only if special or mitigating circumstances exists. When a student is required to repeat a course, the repeated course must be taken at Gwynedd Mercy University. Students are advised that no off-campus approvals will be permitted during the student's last semester at Gwynedd Mercy University prior to graduation unless a course is necessary for graduation and not offered at Gwynedd Mercy College. Credit, but not grades, for approved courses taken at another regionally accredited institution will be transferred upon successful completion of the course with a grade on C (2.00) or better and upon receipt of an official transcript from the other institution. Students should confer with their advisor as some Schools within the University may require a higher grade for credit transferability. Students who have earned and/or transferred 60 or more credits toward a bachelor's degree may only request off-campus courses at regionally accredited baccalaureate granting institutions. Applications for off-campus study may be obtained in the Office of Academic Affairs. Exceptions to the policies can only be made by the Dean of the School.

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION:

_____ Status: Full Time Part Time
Name Student ID Number

_____ City State Zip Code Phone
Street Address

Associate Bachelor Degree: _____

CREDIT HISTORY:

Total credits earned at Gwynedd- Mercy:	
Total credits transferred:	
Credits currently attempting:	

COLLEGE/UNIVERSITY INFORMATION:

College or University where course is offered:
Reason for Request:

COURSE INFORMATION

Course(s)				Course Dates and Time				GM Course being fulfilled (dept/no/Title)
Prefix	Number	Title	Credits	Semester	Year	Day(s) Met	Times Met	

Notification of approval decision will be mailed to your home address unless otherwise noted.
11/13
OFFICE USE
Copy to:
Office of the Registrar

I certify that the information provided is accurate and to abide by the policies noted on this application:

Student's Signature Date

PLEASE RETURN TO THE OFFICE OF ACADEMIC AFFAIRS.

AFTER COURSE COMPLETION:
Please have the college/university forward an official transcript to The **Office of the Registrar** at Gwynedd Mercy University. Final transferability will depend on grade achieved for the course. Please refer to the grading policies within *The University Catalog* for specific grade requirements.

I certify that the student is in good academic standing within his/her program of study and that the course(s) identified above is/are needed to complete his/her degree program.

Advisor Signature Date

Dean's Signature (Student's Major) Date

Dean's Signature (School Course is housed in) Date

Vice President for Academic Affairs Date