



EASTERN CONNECTICUT STATE UNIVERSITY

REGISTRAR'S OFFICE • ALVIN B. WOOD SUPPORT SERVICES CENTER

83 Windham Street • Willimantic, CT 06226 • Office: (860) 465-5224 Fax: (860) 465-4382

Request to Take Courses Outside of Eastern

Instructions

Complete course approval form, attach course description(s), your current eWeb transcript and obtain required signatures
Full-time and Part-Time students submit form to the Academic Services Center - Advising, Library 109 for approval if you plan to take LAC and/or elective courses

Full-time and part-time students submit form to Department Chair if you plan to take courses for your major or minor Return completed form to the Registrar's Office prior to enrolling for course(s)

Submit official transcript to the Registrar's Office, immediately upon completing the courses(s).

Name: _____		Eastern ID # _____	
Address: _____			
Street	City	State	Zip Phone Number

Class Year: Freshmen _____ Sophomore _____ Junior _____ Senior _____

Total Number of Credits Earned Toward Graduation _____

Transfer College/University: _____

Semester: Fall _____ Winter _____ Spring _____ Summer _____ Year: 20 _____

Please Note:

- 1) Courses must be taken for credit and a grade of "C-" or higher is required for transfer.
- 2) Courses must be taken at an accredited college/university.
- 3) Juniors and Seniors must take courses at a four-year institution.

If there is an extenuating circumstance as it relates to item number 3 above, complete the "Extenuating Circumstance" section of the reverse side of this form and have the waiver section completed by the Academic Services Center - Advising, Library 109 if you are a full-time or part-time student.

LAC & Elective Courses (Need Approval from the Academic Services Center - Advising, Library 109)	
Course Information from Attending College Subject/Number/Title	Planned Use LAC (specify area) or Elective

Student's Signature

Date

ASC-Advising Signature

Date

Major & Minor Courses (Need Approval from the Department Chairperson)	
Course Information from Attending College Subject/Number/Title	Planned Use Major or Minor (specify equivalency)

Student's Signature

Date

Department Chairperson's Signature Date

Extenuating Circumstances

Please provide in detail the reason(s) why you are requesting to take the listed course(s) at a community college after the completion of 60 credits.

Do Not Write Below This Line

Waiver Approvals ---- For Office Use Only

Four-Year Institutional Waiver:

_____ Approved _____ Not Approved _____ Pending

Comments: _____

Signature:

_____ **Date:** _____