



Request to Take Courses Outside of Eastern

Instructions: Complete this form, attach course description(s), and obtain required signatures:

- **For Major/Minor courses:** Submit form to appropriate Department Chair for review.
 - If you are a Junior or Senior requesting course(s) at a 2-year institution (Community College), submit signed form to the Academic Success Center- Advising, Library 109 for final review and processing. Otherwise, submit signed form to the Registrar's Office for processing.
- **For LAC/Elective courses:** Submit to the Academic Success Center- Advising, Library 109 for review and processing.

Important notes:

- Requests must be submitted and approved prior to enrolling in course(s).
- Courses must be taken for credit and a grade of "C-" or higher is required for transfer.
- Courses must be taken at a regionally accredited college/university.
- Submit official transcript to the Registrar's Office immediately upon completing the courses(s).

Legal Name: _____	Eastern ID #: _____
Address: _____	
Street	City
State	Zip
Phone: _____	Major: _____
Transfer College/University: _____	
Class: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	Total Credits Earned to Date: _____
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year: 20_____

Course Information at Attending College	Requirement at Eastern	Specific Course or LAC area at Eastern	Required Signature (if approved)
Subject/Course # <i>(i.e. MAT 123)</i> <i>*Must attach course description</i>	Please check one	Specific course equivalency <i>(i.e. ENG 100, BUS 1xx)</i> Or specific LAC area <i>(i.e. T1H, T2IT)</i>	Department Chair Signature <i>Required if course is for major/minor</i> Advising Center Director or Designee <i>Required for LAC/Electives</i>
	<input type="checkbox"/> LAC <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective		
	<input type="checkbox"/> LAC <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective		
	<input type="checkbox"/> LAC <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective		

 Student's Signature Date



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

Extenuating Circumstances

If you are a Junior or Senior requesting course(s) at a 2-year institution (Community College):

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: _____