

## Authorization for Study at Another Institution and Transfer Course Evaluation

Name:		Student ID#:	
Date: Cou	: Course to be taken during term: Year:		
Number of community	college credits earned to date:		
Total number of credits	earned toward degree:	Anticipated graduat	ion date:
<ol> <li>An undergradua</li> <li>A student may r</li> <li>to be conferred;</li> <li>A minimum of 3</li> </ol>	ifer of credit after entering Fontbonne te must complete 24 of the final 30 credit ho not take courses required for the degree at arthe only exception is an institution with which credits must be completed at Fontbonne Used credits will be accepted from a community	ours at Fontbonne. ny other institution during the se ch Fontbonne has a course or pro niversity. (Residency requiremen	ogram agreement.
Institution where course will be taken:		City/State	
Course Number	Course Title		_ Credit Hours
Will you be registering f	or this course through the Inter-Institu	tional Agreement?	☐ Yes ☐ No
Is this course offered at	Fontbonne the semester you are requ	esting to take it elsewhere?	☐ Yes ☐ No
If yes, why are you takir	ng this course elsewhere?		
This course satisfies the	following Fontbonne: Gen Ed $\square$ Majo	or $\square$ elective $\square$	
Course Number	Course Title		_ Credit Hours
Student Signature		 Date	
Advisor Signature		 Date	
To be completed by Cl	nair of the Department of the course	being taken.	
$\Box$ This course can be	added to the transfer course equivale	ncy database for future eva	aluations.
☐ This is a one-time a	pproval, and should not be added to	the transfer course equival	ency database.
Chair Signature – Denar	tment of course being taken		