

**MASSACHUSETTS COLLEGE OF LIBERAL ARTS
Request for Off-Campus Study Approval**

Student A #:

Name: _____
LAST FIRST MIDDLE

Last semester attended (MCLA): _____

Name of college to be attended: _____

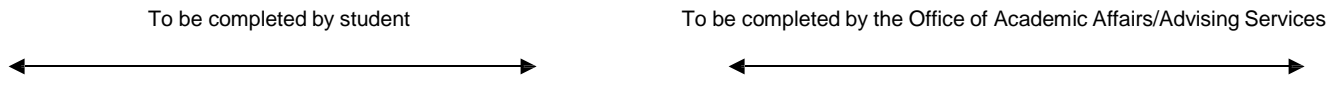
Address of college to be attended: _____

Semester / Term attending: _____ / _____
(BEGINNING DATE) (ENDING DATE)

Permanent home address: _____

Home telephone number: (____)-____-____ Major: _____

I wish to enroll in the following course(s): **course description MUST accompany all courses listed below** and I have attached a description for each course listed below.



COURSE #	COURSE TITLE	CR. HRS	CORE EQUIV.	MCLA EQUIV.	CR. HRS	ACADEMIC AFFAIRS/ADVISING SERVICES

I understand that it is my responsibility to submit an official transcript to the Registrar's Office. All courses will be evaluated in accordance with the Massachusetts College of Liberal Arts transfer policy. An overall GPA of 2.0 is required for any credits to transfer to MCLA. Please note that credits (not grades) are transferred to MCLA only for courses in which a grade of C- or higher was earned. I further understand that I must complete at least 45 credits at MCLA to be eligible to receive a degree from MCLA.

Student Signature: _____ Date _____
 Student's major Department Chairperson: _____ Date _____
 Registrar: _____ Date _____
 *Special Program Approval _____ Date _____
 Comments _____