

**NON-CALVIN PROGRAM**

**PRELIMINARY APPLICATION FOR OFF-CAMPUS STUDY**

Name \_\_\_\_\_ Student No. \_\_\_\_\_  
Last First

Local Address \_\_\_\_\_ Zip \_\_\_\_\_

Local Phone \_\_\_\_\_ E-mail \_\_\_\_\_ CUM GPA: \_\_\_\_\_ (Min. 2.5)

Program information \_\_\_\_\_  
(program name, sponsoring college/university/consortium, program location)

Intended semester off-campus (Fall or Spring, year): \_\_\_\_\_

Courses: List the courses which you intend to take (minimum 12 sem hrs.)

Courses	Sem. Hrs.	Credit Type (Core, Major, Minor, or Elective)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advisor Signature \_\_\_\_\_ Dept.: \_\_\_\_\_

Advisor's name printed: \_\_\_\_\_ Date: \_\_\_\_\_

**Departmental approval(s) of major and/or minor credits:** If any of the courses listed above are in fulfillment of a requirement in your major or minor, obtain the department(s)' approval(s) below.

**Major:** \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Dept. Chair Department

**Minor:** \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Dept. Chair Department

Student Conduct Record: Circle the correct answer to each of the following questions.

Have you been disciplined by a member of the Student Life Division (a Dean or Resident Director) for an infraction of campus regulations? Yes No (If yes, explain on reverse side.)

Have you been disciplined by a member of the teaching faculty for academic dishonesty. Yes No (If yes, explain on reverse side.)

After completing the above, submit this application to the **OFF-CAMPUS PROGRAMS OFFICE**. If applying to a Level III program, attach cost figures from the program's website (see instructions for advice on obtaining this).

**Registrar:** CUM GPA: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Services Review:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Aid Review:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Life Review:** Recommend \_\_\_\_\_ Deny \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Off-Campus Programs:** \_\_\_\_\_ Approve: \_\_\_ Disapprove: \_\_\_ Date: \_\_\_\_\_