

# CCAD Off-Campus Learning Course Approval Form

Please complete this form and turn in with your Off-Campus Learning Application materials.

Name: \_\_\_\_\_ CCAD ID: \_\_\_\_\_ Major: \_\_\_\_\_

Program: \_\_\_\_\_ Off-Campus Semester/Year: \_\_\_\_\_

I will be a: \_\_\_\_\_  
 Sophomore (30-59 credit hours) Junior (60-89 credit hours) Senior (90+ credit hours)

## HOST SCHOOL COURSES (LIST AS MANY AS POSSIBLE) EQUIVALENT CCAD COURSES/REQUIREMENTS

Host School Course #	Host School Course Name	Host Credits*	Specific CCAD Requirement and Level	CCAD Credits	Program Chair/ Department Head Name (please print)	Program Chair/ Department Head Signature
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____

\*The host credits listed above are (circle one) US/international credits.

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Only necessary for non-Partner Programs.