Authorization to Take Course(s) Off Campus

**Important Instructions:** Students must obtain approval of the transferability of coursework from the Registrar’s Office before it is taken at another institution in order for this work to be applied toward a Dominican University degree. Please attach a copy of the course description(s) from the college/university catalog or schedule. Forms submitted without this information will be returned to the student and will result in a delay in the processing of the form.

Date ___________________   Student ID #: ____________

Student’s Name: ____________________________________________ Tel: ___________________

(Please print) Last   First

Mailing Address: ____________________________________________

Street   City   State   Zip

Major: ____________________________________________

Expected term of graduation: __________________________

**Important:**

Courses taken to fulfill major, minor, and general education requirements must be taken for a grade except electives.

Semester/term course(s) will be taken (i.e. Spring ’09): ________________

Institution where courses(s) will be taken: ____________________________ City __________ State __________

<table>
<thead>
<tr>
<th>Dept. &amp; Course # at Transfer Institution</th>
<th>Course Title</th>
<th>Semester Units</th>
<th>Specific DU of C Major/Minor/GE Course Requirement</th>
<th>This Course Fulfils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Art 170</td>
<td>Ceramics</td>
<td>3</td>
<td>Creativity in the Arts GE</td>
<td></td>
</tr>
</tbody>
</table>

- Request an official transcript be sent to the Registrar’s Office, Dominican University of California, 50 Acacia Ave., San Rafael, CA 94901-2298 after grades are posted. Course(s) will not be added to academic record until the official transcript has been received.
- Submit an Academic Petition for approval if this request is an exception to the policy that 30 of the last 36 units must be taken at Dominican University. This Authorization cannot be processed until the Petition is approved.

Advisor’s Signature: ________________________________________ Date: ____________

Student’s Signature: ________________________________________ Date: ____________

Department Chair’s Signature: ________________________________ Date: ____________

*(Department Chair Signature required for substitutions in major/minor noted above)*

Faculty Athletic Representative Signature: __________________________ Date: ____________

*(FAR signature is required for all student athletes)*

Office use only

Registrar’s Office Approval: ________________________________ Date: ____________

Study Abroad Advisor Signature: ______________________________ Date: ____________

**Checked condition applies:**

☐ Maximum 70 lower division units previously accepted; units will fulfill specific requirement noted above but will not be added to cumulative units for completion of the degree.

**Comments**

________________________________________________________

*Credit Entered: Date ______ By__*