

## **UNDERGRADUATE OFF-CAMPUS COURSE APPROVAL**

Office of the Registrar, 3800 Victory Parkway, Cincinnati OH 45207, phone 513 745-3941, FAX 513 745-2969

Student I.D. Number		r	Last Name		First		Middle
ocal Addre	ess		City		State	Zip+4	Phone
Student	Status:	(circle one) Fres	shman S	ophomore Ju	inior Senior		
		☐ in good academ in and is auth	ic probation	on	following course	(s) at:	
Na	me of Ins	titution					
Ado	dress of	nstitution					
Catalog Number		Title of Cour	se	Credit Hours Sem. or Qtr.	Xavier Equivale Course Numb		Add this course to
A maxin	num of	15 credit hours	may be ta	ken at other ins	ept transfer work stitutions and ap Xavier Universit	olied toward a	Transfer Credit Evaluatior Database
College: Term:  Arts & Sciences Fall		_	Student's	Signature			Date
Williams College of Business Social Sciences, Health &		_	Advisor's	Signature			Date
Educa	- 11	Year:	Signature	of Student's Dea	<u> </u>		Date

NOTE: Upon completion of the course(s), the student must have an official transcript sent to:

Xavier University
Office of the Registrar
3800 Victory Parkway
Cincinnati OH 45207