OFF-CAMPUS STUDIES APPROVAL

Name ___________________________________________ Date:____________________

Curriculum ______________________________________ RAM ID:__________________

Current Term _____________________________________ Tel. # (home)____________

Effective Term (term student is expected to take course) ___________ (cell)________

STUDENT INSTRUCTIONS

1. Bring form along with course description(s) from other college(s), to the chairperson of each department offering the Farmingdale equivalent course(s).
2. Chairperson will identify equivalent course(s) and will complete and sign form accordingly.
3. Bring form to the Chairperson of your curriculum for his/her signature.
4. Bring form to the Dean of your curriculum.
5. Once all signatures are obtained, bring completed form to the Transfer Services Office.

Note 1: Official transcripts from other colleges or universities must be sent directly to the Transfer Services Office in Laffin Hall, Room 203, in order for your Farmingdale transcripts to be updated.
Note 2: Minimum grades of “C” must be achieved in order to receive transfer credit.
6. In the event you decide not to take this course, you must notify the Transfer Services Office.

APPROVAL IS GIVEN TO THIS STUDENT TO TAKE THE COURSE(S) LISTED BELOW AT:

(Name of college or university to be attended)

<table>
<thead>
<tr>
<th>Off-Campus No.</th>
<th>Title</th>
<th>Credits</th>
<th>Farmingdale Equivalent No.</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approved: __________________________________ Date:____________________

Curriculum Department Chairperson

Approved: __________________________________ Date:____________________

Dean