

Farmingdale State College

State University of New York

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)

Off-Campus			Farmingdale Equivalent			Chmn. Of Dept. in which course is offered at Farmingdale- Initials
No.	Title	Credits	No.	Title	Credits	

Approved: _____ Date: _____

Curriculum Department Chairperson

Approved: _____ Date: _____

Dean