

TRANSFER SERVICES DEPARTMENT Off Campus Studies Approval

(Address)			(First Name)		(Middle Initial)		
		(City)		(State)	(ZIP)		
(Current Telephone Number)					(Current Email Address)		
(Current Curriculum)			(Current Term)		(Term course will	(Term course will be taken)	
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Off Campus		Farmingdale Equivalent		Chmn. Of Dept in	Chmn. Of Dept in which course		
No.	Title	Credits	No.	<u>Fitle Credit</u>	is offered at Farmin	gdale- Initials	
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Approved:(Chairperson of Department)					Date:		
Approved:(Dean)					Date:		