

**MASSACHUSETTS COLLEGE OF LIBERAL ARTS
Request for Off-Campus Study Approval**

Student A #:

Name: _____
LAST FIRST MIDDLE

Most recent semester attended at MCLA: _____

Name of college to be attended: _____

Address of college to be attended: _____

Semester / term attending: _____ / _____
(BEGINNING DATE) (ENDING DATE)

Permanent home address: _____

Home telephone number: (____)-____-____ Major: _____

I wish to enroll in the following course(s), and I have attached a description for each course listed below. **Course descriptions MUST accompany all courses listed.**

To be completed by the student

To be completed by the major department or core domain leader

Course #	Course Title	Cr. Hrs.	MCLA Equivalent (Core or Major/Minor)	Cr. Hrs.	Signatures (major department or core domain leader)

I understand that it is my responsibility to submit an official transcript to the Registrar's Office. All courses will be evaluated in accordance with the Massachusetts College of Liberal Arts transfer policy. Please note that credits (not grades) are transferred to MCLA only for courses in which a grade of C- or higher was earned. I further understand that I must complete at least 45 credits at MCLA to be eligible to receive a degree from MCLA.

Student Signature: _____ Date _____

Student's major Department Chairperson: _____ Date _____

Registrar: _____ Date _____

*Special Program Approval _____ Date _____

Comments _____

*For students enrolled in special programs, i.e.: minor programs, etc. Students studying away through an affiliated program should complete the Request for Study Away Course Approval form, available through the Study Away Advisor in the Office of the Registrar.