



**Chesapeake College**  
**Wye Mills, MD**  
**Office of the Registrar**

**Student's Request to Take Course(s) Off Campus**

Please Return Completed Form To The Registrar's Office **Before** you register for the course(s)

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Last Name	First Name	M.I.
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Social Security Number/Student ID	Major
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Phone Number	E-mail address
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I request permission to take the following courses at:

_____	During The	Fall	Year
College or University	_____	Spring	_____
Location	_____	Summer	_____

Course #	Course Name	Credits	Chesapeake Course #	Chesapeake Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Note:**

- Student must present **school course description(s)** to registrar for course review and approval.
- College and University must be regionally accredited.
- Student must request College or University to send official transcript directly to the Registrar's office upon completion of course work. Minimum grade requirements are based upon Chesapeake College and Maryland Higher Education Commission Transfer Policies.
- Only credits (not the grades or quality points) are transferred.
- This form, completed and authorized, indicates that the above named student is eligible to return to Chesapeake College, is in good standing at the College, and appears to meet any prerequisites(s) for the above noted course(s).

_____	_____	_____
Registrar/Transfer Advisor	Title	Date

_____	_____
Student Signature	Date