



APPLICATION FOR OFF-CAMPUS STUDY

Name (Print) _____ I D No. _____

Major _____ Cell Phone: _____

Institution Information:

Name of Institution _____
Address _____

Term(s)/Dates of Attendance _____

Course Information:

Course No.	Course Title	Credits	King's Course No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Request:

I have read and understood the instructions and policies on the reverse side of this form.
I will have the institution at which I am visiting send an official transcript directly to the Registrar's Office, King's College.

Student Signature _____ Date _____

Approvals:

Academic Advisor _____ Date _____

Registrar _____ Date _____