



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:

Approved courses with a grade of "C" or higher are transferable.
I will have the Registrar's Office at the college/university that I am attending send
an **official e-transcript** to: registrar@kings.edu.

Or, an **official paper** transcript to:
King's College, Registrar's Office, 133 N. River St., Wilkes-Barre, PA 18711.

Student Signature _____ Date _____

Approvals:

Academic Advisor _____ Date _____

Registrar _____ Date _____