

APPROVAL TO TAKE OFF-CAMPUS COURSES FORM

This part is to be filled by the student and verified by the Academic Advisor and all signatures are secured before the beginning of the semester in which the student intends to take the off-campus courses. The student must submit the official transcripts to the Registrar's Office upon completion of the approved coursework. Please refer to the *RHU Students Taking Courses Elsewhere* section of the undergraduate catalog for applicable rules.

Student's Name			ID	Number		
College				Department / Major		
Academic Advisor	Ser			mester/Year		
Total Earned Cred	s Curre			ent Semester Credits		
Academic Status	Clear Probations [] Critical Academic Standing				g	
Cumulative Avera	Last Semester Average					
Reasons to take the off-campus courses						
Institution:						
Year/Semester:						
Courses requesting approval of			RHU Equivalent courses			
Code & Number	Course Title	Code &	Number	Course Title		
Signature			Date			
Signature			Dute			
Recommendation of the Academic Advisor			pprove	Do Not Approve		
Justification						
Signature				Date		
Recommendation of the Department Chairperson			prove	Do Not Approve		
Justification						
Signature				Date		
Decision of the College Council			prove	Do Not Approve		
Justification						

Date

Signature

Cc: Registrar's Office.