

Date: ___/___/___

Student's Name: _____ Class of _____

To the Dean: I request permission to take the following course(s) at

_____, _____
(Name of Institution) (Dates of Session)

1. Dept.: _____ No. _____ Title _____ Sem. Hrs. _____

Approved / Not Approved: For Credit of Major _____, Cognate _____,
Remarks: Repeat or Replacement _____, Elective _____

(Signed) _____

Chairperson, Dept. of: _____

2. Dept.: _____ No. _____ Title _____ Sem. Hrs. _____

Approved / Not Approved: For Credit of Major _____, Cognate _____,
Remarks: Repeat or Replacement _____, Elective _____

(Signed) _____

Chairperson, Dept. of: _____

3. Dept.: _____ No. _____ Title _____ Sem. Hrs. _____

Approved / Not Approved: For Credit of Major _____, Cognate _____,
Remarks: Repeat or Replacement _____, Elective _____

(Signed) _____

Chairperson, Dept. of: _____

Dean's Approval:**Approved / Not Approved**

Remarks:

(Date)_____
(Dean's Signature)

Note: If approved, credit for these courses will be transferred to your Hobart record provided you earn grades of C or better; however, the grades will not be recorded. Approval is tentative if dated before the end of the academic year and may be cancelled if the academic status at the end of the year is unsatisfactory. Final approval of these courses and listing on the transcript will take place following your resumption of your studies at Hobart. You must request that an official transcript of your study be sent directly to the Dean, Hobart College, Geneva, New York 14456.