Name:_____ Program:_____

Off-Campus Proposed Course of Study Form

Please report your intended off-campus course enrollment on this form. You must obtain approvals for all courses except those you expect to use as general electives. Please fill in the three (3) "To Be Completed By Student" columns of the **Course Approvals** chart below; the other three (3) columns are for faculty or the Registrar's Office only. Be sure that you discuss with your advisor how your course selections will affect your progress toward graduation; take your course descriptions/syllabi and Degree Audit with you for the meeting with your advisor.

You must enroll in a **full course of study** while off campus (generally **15 semester credits** and no more than 18). Course credit hours are determined by the host institution; Skidmore accepts transfer credits only as reported by the host institution.

If You Want To:	**Obtain Approval From:**
Fulfill major requirement(s)	Major Department Chair or Program Director
Fulfill minor requirement(s)	Minor Department Chair or Program Director
Fulfill breadth requirement(s)	Dept. Chair or Prog. Director in same discipline or Registrar
Fulfill Maturity-level requirement(s)	Department Chair or Program Director in same discipline
Enroll in any foreign language course(s) (i.e. grammar, literature)	Chair of Dept. of Foreign Languages & Literatures
Submit this form to OCSE	Your faculty advisor

☐ **I understand that by selecting General Elective Credit I will only receive General Transfer Credit.**

COURSE APPROVALS

Course availability off campus may be limited, so be sure to include alternate course selections for approval.

TO BE COMPLETED BY STUDENT			TO BE COMPLETED BY DEPARTMENT CHAIRS / PROGRAM DIRECTORS		
Off-campus course title and number *(attach all course descriptions or syllabi)*	**Credits** *(per course description)*	**General Elective Credit Only**	**Skidmore equivalent course number**	**Counts for Maturity/ 300-level credit**	**Chair's or Director's Signature**
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	
		Y N		Y N	

To be completed by applicant's FACULTY ADVISOR in major department: Please check the appropriate boxes.

- ❒ I am familiar with the applicant's academic progress and believe that his or her training and intellectual interests are such as to qualify the student to profit by participating in this study abroad program.
- ❒ I recommend the applicant with respect to character and maturity for admission to this study abroad program.

Comments: _____

_____

Faculty Advisor's Signature:_____ Date:_____