



APPLICATION FOR STUDY AT ANOTHER INSTITUTION

For a Currently Enrolled Colorado College Student

Name _____ Worner Box _____

Institution _____

Location _____

Dates of Study _____

PROPOSED COURSES

Department	Course Number	Title of Course	Hours: Semester or Quarter

If you would like to apply this credit earned toward the requirements for your major, you do need to secure approval of the chair of your academic department. Please be aware that your department may be unable to make a decision about course equivalencies until you have completed the course(s) above and they have had a chance to review your course work.

Signature of Department Chair

Date: _____

After receiving an official transcript, Colorado College will accept the above courses providing grades are C- or better.

Signature of Registrar
cc: adviser
 student

Date: _____

Return completed form to:
Registrar's Office / Colorado College
14 E. Cache la Poudre / Colorado Springs, CO 80903
Fax: 719.389.6931