

# SAINT JOSEPH'S COLLEGE

## Approval For Summer School

STUDENT'S NAME: \_\_\_\_\_ CLASS LEVEL: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_ DATE: \_\_\_\_\_

COLLEGE OR UNIVERSITY  
TO BE ATTENDED:

NAME OF INSTITUTION
ADDRESS

COURSE(S) DESIRED: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

PLEASE ATTACH A COPY OF THE COURSE DESCRIPTION(S) TO THIS FORM. (REQUIRED)

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IF THE DESIRED COURSE IS IN YOUR **MAJOR FIELD**, PLEASE HAVE APPROVAL OF YOUR **DEPT. CHAIR** BEFORE GETTING APPROVAL OF THE **REGISTRAR**.

DEPT. CHAIR: \_\_\_\_\_ DATE: \_\_\_\_\_

REGISTRAR: \_\_\_\_\_ DATE: \_\_\_\_\_

REMINDER:

- + A GRADE OF "C" OR ABOVE IS NECESSARY TO TRANSFER CREDITS;
- + PLEASE NOTE THAT ONLY THE CREDITS ARE TRANSFERRED, NOT THE GRADE.
- + EACH STUDENT MUST REQUEST THAT A TRANSCRIPT OF THEIR SUMMER GRADE(S) BE SENT TO THE REGISTRAR'S OFFICE, SAINT JOSEPH'S COLLEGE.

COPIES TO: STUDENT; MAJOR DEPT.

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ACADEMIC RECORDS OFFICE: GRADE RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_ SHS  AE R  LMB