APPLICATION FOR STUDY AT ANOTHER INSTITUTION
For a Currently Enrolled Colorado College Student

Name __________________________________________________ Worner Box____________________

Institution ____________________________________________________________________________

Location ______________________________________________________________________________

Dates of Study __________________________________________________________________________

PROPOSED COURSES

<table>
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<tr>
<th>Department</th>
<th>Course Number</th>
<th>Title of Course</th>
<th>Hours: Semester or Quarter</th>
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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.

_______________________________________ Date:____________________
Signature of Department Chair

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

_______________________________________ Date:____________________
Signature of Registrar
cc: adviser
student

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