

Campbellsville University - Office of Student Records Request for Approval: Visiting Student or Correspondence Course

Student's Full Name					ID # Birth Month / Day			
ds with course d	escription attac	hed. If approved, a	of this form. Take it to your advisor for approval a letter will be sent to the school indicated gran form for each school you will visit or correspon	ting approva				
	OUR REQUEST		ACH AN OFFICIAL DESCRIPTION OF THE COCESSED WITHOUT THIS INFORMATION.					
ome Address			Campus or Local Ph	Campus or Local Phone Number				
ity, State, Zip			Campbellsville Univ	Campbellsville University Post Office Box Number				
ajor or Area			Emphasis (for Area)	Emphasis (for Area)				
inor or 2nd Majo	<u> </u>		2nd Minor	2nd Minor				
College or Ur	niversity where	course will be take	1	City & State				
College or Ur Identify the Discipline Identify the	e course you	ı wish to take a	t the school named above: Visiti	ng Stude	nt Corre	esponden	ce	
Discipline	Number	Title			Term	Hours	Repeat	
Identify the	e <u>Campbells</u> T	<u>ville University </u> I	equivalent course here:			1	1	
ourses. I further	acknowledge m	ny responsibility to p	ng of Campbellsville University's policies regar provide, in a timely manner, the Office of Stude that I may be required to submit a substitution f	nt Records	with an official c	opy of my tra		
Academic A	dvisor's Red	commendation	OSR Director's Recommendation	Aca	ademic Dean's	Recomm	endation	
Approved Denied			Approved Denied		Approved Denied			
Signature			Signature	Signa	Signature			
Date			Date	Date	Date			
Comments:			Comments:	Comn	Comments:			
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