REQUEST [illegible] OF EX[illegible]AL STUDY

I. D. NUMBER: _____ CLAS[illegible]: _____

INSTRUCTIONS: Credit for external cou[illegible] will [illegible]pt be gran[illegible] [illegible]or approval. With the assistance of your advisor, please supply th[illegible] requested inform[illegible]n bel[illegible]w using th[illegible] [illegible]t academic catalogs of both the external institution and Claflin U[illegible]iversity. Be sure t[illegible] dicate[illegible] if you hav[illegible] [illegible]iled the listed course. If you were s[illegible]spended from Claflin U[illegible]niversity due to u[illegible]isfact[illegible]ry poor a[illegible] [illegible]rmance prior to the effective date below, p[illegible]rmission to enroll in a [illegible]ourse will not be [illegible]ated. [illegible]lease retu[illegible] [illegible]he Office of the Provost.

S[illegible]udent's Name: (Printed): _____ F[illegible] _____ Sign[illegible] _____ Date: _____

C[illegible]assification: _____ Ma[illegible] _____ [illegible]chool: _____

A[illegible]ddress: _____ [illegible] _____ [illegible] _____

Home Address: _____ [illegible] _____ [illegible] _____

[illegible] RE[illegible]QUESTE[illegible]

O[illegible]her College/University _____ [illegible] _____ Addr[illegible] _____

E[illegible]fective Date: From: _____ [illegible]gra[illegible]o: _____

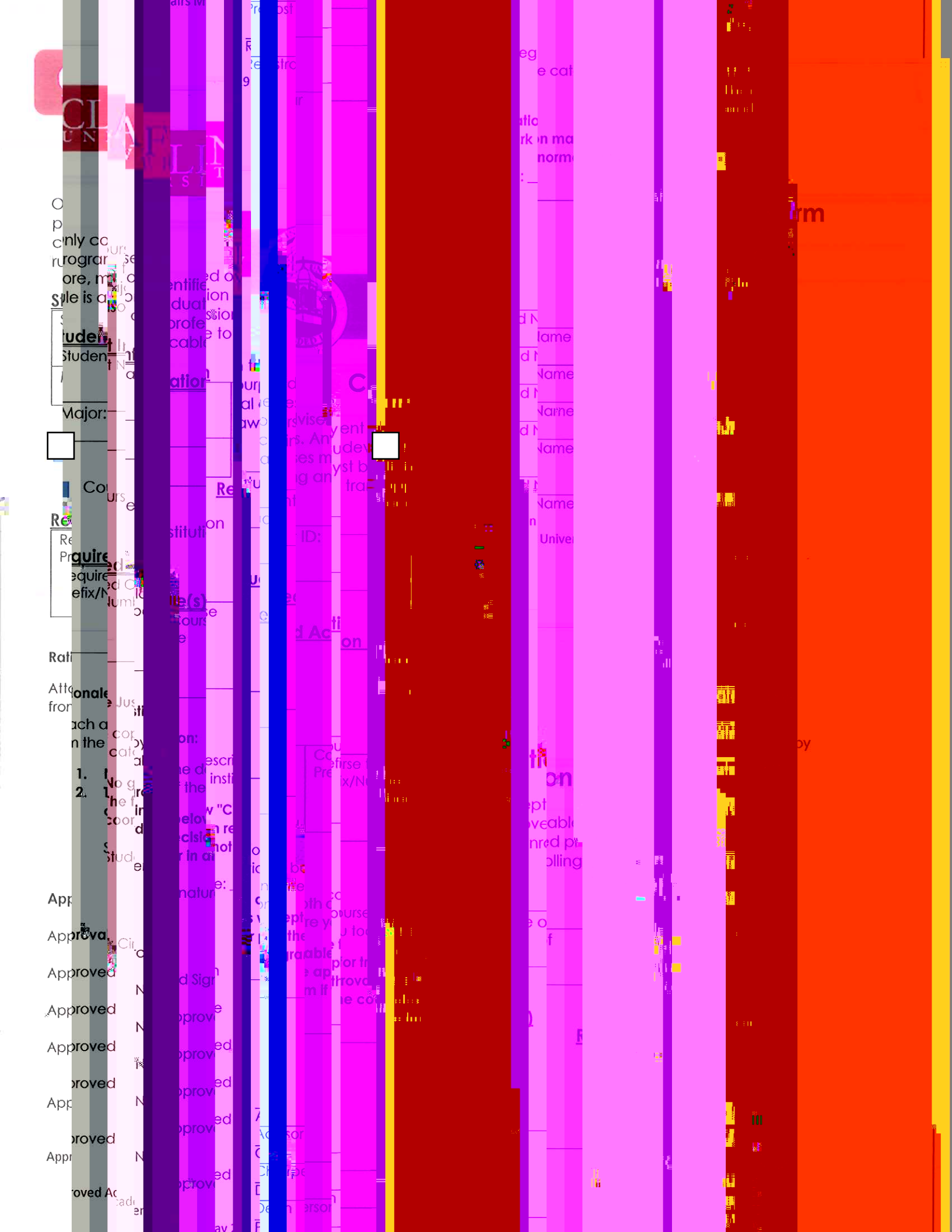
External Study (Other School) University, Dept. & No.	Hours	Claflin Equivalent [illegible], Dep[illegible]. & No.	Hours	Claflin University Reference Hours, Date and Page

NOTE: Please note if th[illegible] credit awarded f[illegible] cours[illegible] elected i[illegible] [illegible]emester hours or quarter hours.

Approved: _____ _____
(Advisor) Date

Approved: _____ _____
(Department Chair) Date

Approved: _____ _____
(Dean) Date



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