THE COLLEGE **COURSE APPROVAL FORM**

Please read the instructions on the back of this form before proceeding.

Name _____ Student ID # _____ Class of _____ Date _____

College where course(s) taken (OR study abroad program) _____

Semester and year taken _____

Course number and title	UR course equivalent (if known)	DEPARTMENT OR OFFICE USE ONLY: Elective approval (SEE REVERSE) (PRINT NAME & INITIAL)	Major/Minor approval (PRINT NAME & INITIAL)	Comments (SEE REVERSE)

Please Note: For coursework taken outside of the University of Rochester, credit will be evaluated proportionately with the degree requirements at the institution offering the course(s). **Read guidelines on reverse.**

Please return signed form to the College Center for Advising Services, Lattimore 312

White Copy: File Yellow Copy: Student Pink Copy: Department