University of Southern Maine
Office of the Registrar

Request for prior approval of courses to be taken at another institution

PLEASE PRINT:

Name: Last, First, MI _____ Major _____ Date _____

Student ID Number _____ Mailing Address _____

Instructions: Complete this form prior to registration for course work at another institution. Awarding of credit for this work toward the USM degree is contingent upon the student's earning a grade of "C-" or better in each course. It is the student's responsibility to secure approval for the program of study from the academic dean's office and the academic advisor, and to return the completed form to the Registrar's Office. It will be the student's responsibility to forward a transcript of the completed work to, USM, Office of the Registrar, 37 College Avenue, Gorham, ME 04038

1. Your Major at USM:

2. Institution at which you plan to study:

   Name: _____

   Location: _____

3. Inclusive dates for proposed study: From: _____ to _____

4. This is: ___ Exchange Program ___ Other

5. List the courses which you expect to include in your program of study and the number of credits:

Department	Course Number	Title	Credits

6. Academic Advisor's Approval: _____ Date: _____

7. Academic Dean's Approval: _____ Date: _____