Lebanon Valley College

ENROLLMENT IN A STUDY OFF-CAMPUS PROGRAM

(Please Print)

Name _____ **Student ID number** _____
First Middle Last

Name and Location of off-campus program: _____

Dates of Enrollment _____ **through** _____

Courses to be taken

Dept & Course #	Exact Title of Off-Campus Course	LVC course/ requirement equivalent	Course for: -Major -Minor -Gen Ed -Elective (list one)	# LVC credits	Chairperson's approval
Example: *ENH 2110*	*Renaissance Literature: Power and Love*	*L5: Lit & Fine Arts*	*Gen Ed*	*4*	*Dr. Grieve-Carlson*

_____ _____ _____

Student signature **Date** **Advisor signature** **Date** **Registrar** **Date**