

OFF-CAMPUS COURSE EVALUATION AND PERMIT

COLLEGE OF SCIENCE & HEALTH (CSH)

NAME _____ ID# _____

<u>OFF-CAMPUS COURSE INFORMATION</u>			<u>FOR UNIVERSITY USE ONLY</u>	
<i>DEPARTMENT & NUMBER</i>	<i>COURSE TITLE</i>	<i>CREDITS</i>	<i>UW-L EQUIVALENT</i>	<i>CREDITS</i>

Above course(s) are intended to apply toward: General Education _____, College Core _____, Major _____, Minor _____, General Electives _____

ABOVE COURSE(S) TO BE COMPLETED AT:

College or University

City and State

When course will be taken: _____

(Fall, Spring, Summer) Year

EVALUATION APPROVED BY

AUTHORIZED SIGNATURE

DATE

SPECIAL INFORMATION AND INSTRUCTIONS

1. This form must be filled out & returned to the **CSH Office, 105 Graff Main Hall or emailed to csh@uwlax.edu**, prior to off-campus enrollment.
2. All UW-L residency and graduation requirements must be met.
3. Student is responsible for having an Official Transcript sent from the off-campus school to UW-L's Office of Records and Registration, 117 Graff Main Hall, La Crosse, WI 54601.
4. Courses in which grades of 'D' or 'F' have been earned at UW-L may NOT be repeated off-campus!
5. Grade Point Average (GPA) deficiencies may NOT be improved off-campus.
6. Credits transferred from schools employing the 'quarter' system are reduced by one-third (ie: 3 quarter credits transfer as 2 semester credits and 5 quarter credits transfer as 3 1/3 semester credits).
7. Courses earned at the 100/200 level that transferred to UW-L as 300/400 level courses do not apply to the requirement of earning at least **40** credits at the senior college level, nor do any courses from two-year schools.

OFFICE USE ONLY: After authorized signature:

- Email copy to student;*
- Make **one (1) copy** for CSH 105 AND **stamp copy AND file in the binder, File cabinet #5, left sliding door;***
- Bring original form to 117 Graff Main Hall*

(Email Address for Student's Copy)

Student Signature

Date