



OFF CAMPUS CLASS FORM

Date: _____ 20____

Student Name: _____ ID#: _____
(Please print)

Program of Study: _____ GPA _____

Program Advisor: _____

I would like to attend: _____
(Name of College/University)

Dates Attending: From: _____ To: _____

To take the following course(s):

Reason:

I understand that it is my responsibility to have the above named institution forward an official copy of my transcript to the Enrollment Services Office at Peirce College after I have completed the course(s).

Student Signature: _____

Reviewed by: _____
Program Advisor Signature

Approved by: _____
Administrator, Program Advising

Original to Enrollment Services
Copy to advisor
Copy to student