

University of the Sciences in Philadelphia

Office of the Registrar
600 South 43rd Street
Philadelphia, PA 19104

USP

Alternate Institution Course Approval

1. Name: _____
First Middle Last

2. Mailing Address: _____

4. Current Class (circle) 1 2 3 4 5

5. Major _____
Note: Pharmacy, Pharm D, Pharm Tox, & Marketing/Management majors may not use this form. For information & forms contact the Dean's Office; GRI 210

3. Phone # _____

6. SS# _____

7. Current CUM GPA _____

8. I hereby request permission to take the following course(s) for a total of _____ credits in the summer (year) _____ at _____ (name & location of alternate institution)

9. Credit system at this school: semester hour quarter hour other (specify below)

10. Exact beginning & ending dates of session _____

11. Courses to be taken: (attach the appropriate catalog descriptions to this application)

To Be Completed by Student:

Information from the alternate institution's catalog in this exact order:

<u>Pg. with description</u>	<u>Department</u>	<u>Number</u>	<u>Title</u>	<u>Credit</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To be Completed by Dean/Program Director Office:

Equivalent at USP is listed below:

<u>Dept.</u>	<u>Course No.</u>	<u>Course Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Comments or specific request: _____

Attach any form required by the alternative institution to this application.

13. Signature _____ Date _____

For Office Use Only

Action by Dean/Program Director: (circle one) Approved Rejected Comments: _____

_____ Date: _____ Signature: _____

To the student: The response to this request is indicated above. If approved, present a copy of this form to the alternate institution as a certification that you have USP approval to take this work. *A transcript of your record must be sent to the Registrar's Office no later than September 1st.*