APPLICATION FOR APPROVAL OF SUMMER COURSES

Name________________________________________  Class Yr________  E-Mail ________________________     Phone_____________________

Name of Summer School _____________________________________________  Location ____________________________________
(for study abroad programs)

PLEASE READ THE FOLLOWING REQUIREMENTS CAREFULLY.

• All courses must be a minimum of four weeks in length. **ONE** course may be taken in a four week session. **TWO** courses (maximum 8 credits) may be taken in a five week (or longer) session.

• All courses must meet for at least 36 hours of class time. Studio art, dance, and theater courses must meet for at least 72 hours of class time.

• Courses must be taken at a regionally accredited, degree-granting institution.

• Courses to be applied toward major, minor, and/or maturity level requirements **MUST** be approved by the appropriate department chairperson. Community college courses cannot fulfill maturity level requirements.

• All foreign language courses **MUST** be approved by the department chairperson.

• A grade of “C” or better is required for transfer credit.

• A maximum of 16 credits, including four maturity level credits, may be transferred each summer.

• The following types of courses are **not** transferable:
  - Online and/or distance learning courses
  - Technical and/or professional courses
  - Courses already completed at Skidmore

**SHADOED AREA TO BE COMPLETED BY DEPARTMENT CHAIR**

<table>
<thead>
<tr>
<th>COURSE NUMBER &amp; TITLE</th>
<th>COURSE DATES &amp; MEETING TIMES</th>
<th>SEM HRS</th>
<th>SIGNATURE OF CHAIR</th>
<th>EQUIVALENT SKIDMORE COURSE</th>
<th>DEGREE REQ. FULFILLED, if any</th>
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An official transcript must be sent directly to the Office of the Registrar at the conclusion of the summer session.

SIGNATURE OF STUDENT: ____________________________________________ DATE: ________________________

SIGNATURE OF ADVISOR: ____________________________________________ DATE: ________________________

SIGNATURE OF OCSE DIRECTOR: ____________________________________ DATE: ________________________
(required for study abroad courses only)

SIGNATURE OF REGISTRAR: __________________________________________ DATE: ________________________

OFFICE OF THE REGISTRAR 8/07