COURSE PERMISSION FORM
AUGUSTANA UNIVERSITY REGISTRAR’S OFFICE

Student Name: ___________________________________ Augustana ID#: _______ Date: ________________

Augustana email: ________________________________________@ole.augie.edu Major/Minor: ___________________________

☐ Request permission to take the following course(s) from __________________________ Term & Year ___________
(School name-use one form per institution) (Ex: SP 18)

☐ Request permission to take course(s) from another institution while a full-time student at Augustana

☐ Request course(s) to count in last 30 hours at Augustana

Student Instructions: Attach a course description for each course listed and indicate which course or requirement you wish the course(s) to satisfy. Indicate if this is a repeat of a course taken at Augustana.

Department Chair Instructions: Please list the specific course or requirement the transfer course will substitute for and sign for your approval. Please attach a substitution form for clarity.

<table>
<thead>
<tr>
<th>Course Number &amp; Title from above listed school</th>
<th>Semester Credit Hours*</th>
<th>Course or Requirement course will fulfill at Augustana</th>
<th>Repeat course Y/N</th>
<th>Dept Chair Approval if course is in your major or minor</th>
<th>Registrar Approval if course fulfills Core Requirement</th>
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Your responsibilities
- Department chair approval must be obtained for any course in your major or minor prior to submitting this form
- You must provide a course description for each course you wish to take
- You must have an official transcript sent directly to the Augustana Registrar’s Office upon course completion
- *Be aware of the calendar system of the institution you plan to attend! If quarter hours rather than semester hours, multiply the number of ¼ hours by .67 to calculate the number of semester hours of the course(s)

Student Signature: ___________________________________ Date: ________________