



Associate Dean
 1020 North Second
 Atchison, KS 66002-1499
 (913) 360-7553

REQUEST TO TAKE CLASSES AT ANOTHER INSTITUTION

Name: _____ Email address: _____

Phone: _____ BC ID# _____ Date: _____

Major(s): _____ Campus Box # _____

College/University at which class(es) will be taken: _____

College/University Address (City & State): _____

Date of Attendance: Summer / Fall / Spring 20_____

Course/Courses to be taken*:

Course Dept. & No.	Title	Credit Hours	For Major/ Minor?	For Gen. Ed.?	<i>For office use</i> Course transfers as:

Reason for study at another institution:

*Courses taken at other institutions transfer as credit only if the course grade is C- or higher. They do not enter in the Benedictine College GPA. An official transcript must be received from the college/university for the credit to be recorded.

Student: _____ Date: _____

Associate Dean: _____ Date: _____

Department Chair signature: _____

(Required if requesting to take a Major or Minor requirement)