

Approval for Non-Arcadia Courses

Summer _____ Fall _____ Spring _____

Name _____

Power Campus ID# _____ (or partial SSN: XXX-XX- _____)

Major _____ Class: Fr _____ So _____ Jr _____ Sr _____

College/University: _____

Courses (List all courses and attach catalog description.)

<u>Dept./No.</u>	<u>Title</u>	<u>Credit</u>	<u>Arcadia University</u>	<u>AUC/</u>
			<u>Equivalent</u>	<u>Gen Ed</u>

Approval: _____

Advisor/date

Registrar/Date

____ Check here if you will **pick up approval** in Registrar's Office

____ Check here if you would like **approval mailed. Print address on reverse side.**

____ Check here if you would like your **approval e-mailed** to your Arcadia e-mail account.

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