



OFF-CAMPUS STUDY FORM

I request, in advance, Lyndon State College equivalency for a course from the accredited institution listed below. I understand I must pass the course with a "C-" or better for it to be accepted as transfer credit, and that the grade I receive does not transfer, only the credits. Approval is valid for 1 Year. Upon completion of the course it is my responsibility to have an official transcript sent from this institution directly to:

Lyndon State College
Office of the Registrar
PO Box 919
1001 College Rd.
Lyndonville, VT 05851

_____/_____/_____
Name Student ID # Date

LSC Box# or Home Address

Full name of other institution: _____

Course number and title at other institution (Attach photocopy of course description or institution's catalog):

Student's Signature: _____

Advisor's Signature: _____

Course number and title of Lyndon equivalency: _____

Semester and year you intend to take the course: _____

OFFICE USE ONLY:

Recorder's approval of equivalency request: _____/_____/_____
Signature Date

Recorder's disapproval of equivalency and Reason: _____/_____/_____
Signature Date

Equivalency for GEU: Arts Choice___Humanities Choice___Science Choice___Social Science Choice___NA___