



REQUEST FOR SUMMER/WINTER SESSION COURSE CREDIT

Name: _____ CUID# _____

Email: _____ Anticipated Graduation Date _____

I request permission to take and receive credit for the following summer/winter session course(s)
(circle one)

During _____ at _____, an accredited four-year school.
(term/year) (College/University)

I have attached a description of the course(s), and request that credit be distributed as follows:

Name of Course(s) # of **Semester** (Note: Quarter Hours x.666 = Semester Hours)
Hours

Core Course _____
Core Faculty Signature

Distributive Electives _____
Registrar's Signature

Free Electives _____
Registrar's Signature

I understand that I will only receive credit upon the receipt of an official transcript showing a grade of at least "C" for any course(s) taken at another institution, by the SHA Registrar. Notification from the Continuing Ed/Summer Session office at Cornell University is required for Cornell Course(s).

Student Signature: _____ Date: _____