

NAME _____ SS# _____
(print last name, first name)

ENROLLMENT IN ANOTHER INSTITUTION
 Dickinson College
 Carlisle, Pennsylvania 17013-2896



Name and location of institution: _____

Type of enrollment: Academic Year Fall Spring Summer
 Dickinson Dickinson Partner Dickinson Approved

January Dates of enrollment: _____ to _____

GLOBAL EDUCATION OFFICE USE ONLY: Prescribed full-time course load: _____ Total Dickinson transfer credit: _____
 Date: _____

Please list ALL courses to be taken.
 Indicate whether a course is an alternate.

OTHER INSTITUTION

To be completed by appropriate
 Dickinson Department Chairperson
**not required for elective*

Dept. & # of Course	EXACT TITLE OF COURSES	# of wks	pds per wk	Length of Period	# & Type of Credits — Course — Sem. Hr. — Qtr. Hr. — Cr. Hr.	Check if course is to count toward:	Indicate D'son course number OR Dept. Gen. Cr.	Course credits (.5, 1, 1.5):	Chairperson's Signature
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			

APPROVALS:

 Signature of Student

 Signature of Advisor

 Global Education Advisor

 Date

 Date

 Date

NOTE: Please complete side 1 first

ADDITIONAL COURSES		OTHER INSTITUTION				To be completed by appropriate Dickinson Department Chairperson <i>*not required for elective</i>			
Dept. & # of Course	EXACT TITLE OF COURSES	# of wks	pds per wk	Length of Period	# & Type of Credits — Course — Sem. Hr. — Qtr. Hr. — Cr. Hr.	Check if course is to count toward:	Indicate D'son course number <i>OR</i> Dept. Gen. Cr.	Course credits (.5, 1, 1.5):	Chairperson's Signature
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			
						Major <input type="checkbox"/> Minor <input type="checkbox"/> Dist.Req. <input type="checkbox"/> * Elective <input type="checkbox"/>			