

## GRADUATE COURSE CREDIT BY ARRANGEMENT

This form is used to add a graduate level credit by arrangement course. Complete all the information and secure all the required signatures prior to submitting the form to the Student Business Center for processing.

## **Course Credit by Arrangement Policy**

OFFICE OF THE REGISTRAR

Students have the opportunity to fulfill requirements for selected courses offered at Shawnee State University via independent study or specially arranged instruction. If you are interested in pursuing this educational option, you should first secure the advice of your faculty advisor as to its appropriateness for your program of study. You may earn up to 15% of overall required credit hours toward graduation in this manner, with all credit being considered resident credit, as verified by the Office of the Registrar. Once credit eligibility is verified, you must obtain the appropriate signatures of approval from the Instructor, Department Chairperson, and Dean of the College. Students enrolling in a course by arrangement have until the end of the semester to have all work completed in the course.

Credit hours attempted/earned via this option count toward full-time student status for the computation of federal financial aid eligibility. See the fee schedule for course by arrangement fees.

SSU ID#	Name: last	first		middle initial
Course Code (i.e. EDUC5508)	Course Title or Topics Course	Title	Credit Hours	Term
I acknowledge that I am accepting response begin attendance and fully complete all I also understand that if I later decide No courses via the MySSU add/drop course By signing below, I affirm I am aware of	on that I am incurring a legal obligation to pay all consibility for payment of all charges even if I become of my classes to qualify for my grants, loans and OT to attend these classes, I must officially withdress function. Any refunds due me will be in accorded and I am following all university policies and/or y violation of these policies and/or procedures considered.	ome ineligible for any or all of my finan- scholarships this term.  draw, either in writing through the Office lance with Shawnee State University pol	cial aid. I further understee of the Registrar or by icies.  to, felony conviction(s)	dropping all my and/or sex
Student Signature			Date	
Required Signatures	of Approval (obtain in listed ord	der starting with Office of the	Registrar)	
Office of the Registrar			Date	
Instructor	Instructor Id #		Date	
Department Chairperson			Date	
Dean of College			Date	

\*\*\* Submit completed form to the Student Business Center for processing \*\*\*