

Approval of Non-Accredited Coursework

Student's Name _____ Date _____

Cohort (if applicable) _____

Course descriptions and course syllabi MUST accompany this request. Incomplete requests will be returned without review.

Institution/Organization Coursework originates:	Name of Course	OWU Course Name & #	Credit Hrs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The process will take place in the following order:

1. _____

Signature of Advisor/Recruiter
Date
2. **Send to Registrar's Office. Request will be logged & forwarded to the appropriate Dean**
3. _____

Signature of Dean of the course(s)
Date
4. _____

Signature of Chief Academic Officer
Date

The Registrar's Office will send signed copies to the student and the advisor.