



Columbia College

Approval for Enrollment through a Consortium or Exchange Program

Name _____ Columbia College ID No. _____

Email _____ Phone No. _____

Consortium or exchange program Information:

College or University _____

Address: _____

Semester Registering _____

I expect to return to Columbia College on _____ Graduation Date _____
(date)

Table with 4 columns: Course Prefix & No., Course Title, CC Equivalent Course Prefix & No., Approval by Division Head. Contains 6 empty rows.

I understand that if my preapproved course enrollment changes it is my responsibility to have any new courses approved

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

The transcript for this coursework must be received by the Registrar's Office in order for the work to be officially recorded on the Columbia College transcript.

PROMPTLY RETURN THIS FORM TO THE OFFICE OF THE PROVOST

1ST floor of the Allison Administrative building

FOR OFFICE USE ONLY

This student is eligible to enroll in courses listed above at the institution as designated.

Provost's Approval _____ Date _____

Copies to: Provost, Registrar, Academic Advisor, Financial Aid, Business Office, Director of Residence Life, and Student