# SUMMER/WINTER SESSION STUDY AT OTHER INSTITUTIONS

## REQUEST FOR COURSE APPROVAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Student ID</td>
<td>Major(s)</td>
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Number of Units earned at the end of the Term: 

Name and Address of institution offering the Summer/Winter session course(s):

___________________________________________________________________________________________
___________________________________________________________________________________________

Course Title
Department: ____________________________ Course Number: ________ Credit Hours: ________

Course Description:
___________________________________________________________________________________________
___________________________________________________________________________________________

Approval of Moravian College department corresponding to course noted above:

(Signature of Chair) ________________________________________________________________________
Moravian equivalent course, if any__ ________________________________________________________________________
LinC category of Moravian equivalent course, if any__ ________________________________________________________________________

I would like Moravian to notify the host institution that I have been approved for Summer/Winter course study (Y/N) ________

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Name and Address of institution offering the Summer/Winter session course(s):

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