Clarke
UNIVERSITY

Online Consortium Course Approval Form

Instructions: *Approval to take an online consortium course during the **fall or spring** semesters is needed prior to requesting registration for an online consortium course**.** This form is also needed to request approval to take a summer or winter consortium course that has not been pre-approved by Clarke University. All students may request to register for **summer or winter** pre-approved consortium courses without completing this approval form.*

_____   _____   _____

Last name   First name   Date

Student Level:
Undergraduate: F (0-29 credits)   S (30-59 credits).   Jr (60-89 credits)   Sr (90 + credits)
Graduate: Master's   Doctoral

Select Term of Consortium Course Enrollment: Fall   Spring   Summer   Winterim

Seeking Consortium Equivalent to the Following Clarke Course

_____ _____ _____   Major   Minor   Compass Curriculum
Department   Course #   Course Title

Seeking Consortium Course to Fulfill Elective _____
                                                  List Desired Subjects

Reason for request:
_____ I am a senior and need the course to graduate.
_____ I transferred to Clarke and need this major course to progress in my academic program.
_____ The course is needed to remain in a course sequence within my academic program.
_____ I need this course to maintain full time status. Explain: _____
_____ There are special circumstances warranting this request. Explain: _____

Select Term of Consortium Course Enrollment: FA   SP   SU   CIC Course Prefix/#:_____
CIC Course Title: _____ Teaching Institution: _____

Student Acknowledgement
By signing this form, I (the student), acknowledge that I understand that I will pay an additional fee for this consortium course, regardless of whether I am already enrolled full-time. For undergraduates, the cost per credit for taking an online course through CIC is equivalent to the per credit undergraduate summer rate. For graduate students, the cost per credit for taking an online course through CIC is equivalent to the per credit graduate rate.

_____   _____
Student Signature   Date

Approvals

Granted   Denied   _____   _____ _____
                     Academic Advisor Name   Signature   Date

Granted   Denied   _____   _____ _____
                     Department Chair Name   Signature   Date

Granted   Denied   _____   _____ _____
                     Academic Dean Name   Signature   Date