UNIVERSITY OF NEW BRUNSWICK FREDERICTON
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OFFICE OF THE REGISTRAR

UNB
UNIVERSITY OF NEW BRUNSWICK

Request Form for Off-Campus Study

(Please fill in as required giving complete information.)
PLEASE PRINT NAME AND ADDRESS CLEARLY AS THIS WILL BE USED AS A MAILING LABEL.

Name _____
Street _____
City _____
Province _____
Postal Code _____

UNB Student ID: _____
Program of Study and Major: _____
Name of Exchange Program if Applicable: _____

This request for off-campus study is being made for:

___Fall Term 20___ __ Winter Term 20 ___ __ May – August 20___

Please list the course/s for which approval is being sought: (Additional forms may be completed). Course descriptions are the responsibility of the student and must be attached.

To be Completed by Student ***To be Completed by Faculty/Dept.***

Course	*Number*	*Credit Value*	*Name of University*	*UNB Equivalent Course*	*Dept. Approval Signature Required*	*Minimum* grade for acceptance*

*Final Grades less than C are acceptable only with approval of the Department and the Registrar and if transferable to the program of study at UNB.

Regulations governing permission for Off-Campus Study as well as academic program and grade requirements are found in the academic calendar.

Permission to study off-campus will not be granted to a student required to withdraw and normally will not be granted to a student on academic probation.

It is the student's responsibility to register properly at the receiving institution and to ensure that an official transcript showing the courses and final grade is sent to the Registrar's Office directly from the Institution where the approved study was undertaken. Courses will be shown on the UNB transcript as transfer credits only. No grade will be shown.

Registrar Approval _____ Student's Signature _____
Date: _____ Date: _____

White Copy – Registrar
Yellow Copy – UNB Department
Pink Copy – Receiving Institution (to be given to student)
Gold Copy – Student

(revised March 2006)