**ALBANY COLLEGE OF PHARMACY
AND HEALTH SCIENCES**

Course Permission Form

Authorization to register at visiting college is required PRIOR course begins. Transfer credit cannot be applied until after Official Transcript is received and reviewed by Registrar's Office.

Name _____   ID #_____

Semester_____   YEAR _____

College:_____

Course Title_____

Course #_____ Credits_____

Is this an Online class?   YES   NO

Are examinations for the course conducted in a proctored setting?

Please check (X) which requirement this course is fulfilling:

Liberal Arts: _____ General _____Credits _____

Required/Repeat Course:_____

ACPHS Course #: _____ Title_____

_____   Date_____
Student signature

_____   _____
Faculty Advisor signature   Date

_____   _____
Instructor signature*only required if repeating course   Date

_____   _____
Program Director signature   Date

_____   _____
Department Chair Signature   Date

**This form must be filled out and signed in the order above-
See catalog regarding policies for transfer credits or repeating courses. Grades must be a C or better to transfer credit to ACPHS.**