The Denison Off-Campus Study Proposal Course Approval Form

Do not meet with the Registrar until you have a detailed course description for each of your OCS courses

Student Name: Last First Middle							Denison ID#:				
					Concentration(s):						
OCS Program:					Term (circle	one):	Sum	Fall	Spr	AY	
To be o	completed by the student						mpleted by the Registrar				
	Course Title		Credit Hours	Denison Equivalency	Major/Minor/ Concentration	GE	Notes/Conditions				
			_					_			
St	cudent's Signature				Registrar's signa	ature				Date	