



Return this completed form to Office of the Registrar **before** registering at the other college

_____ Student Name _____ Student ID _____

_____ Major _____ Anticipated Graduation _____ Year

May August December

Phone: _____ Cell Home

_____ Name of College or University _____ City _____ State _____

_____ Course Number _____ Course Title _____ Credits _____

I plan to take this course in Summer Fall Winter Spring of: _____ Year _____

I want this course to be accepted for the following DelVal course:

_____ Del Val Course Number _____ DelVal Course Title _____ Credits _____

Select one of the following three levels of APPROVAL:

The course is on the DelVal Course Equivalency List and it is a DelVal Core Requirement.
No additional approvals are required; student signature is required.

The course is on the DelVal Course Equivalency List and is required for my major (or minor).
 Major Minor advisor approval: _____ Date _____

The course is not on the DelVal Course Equivalency List and must be evaluated by the *chairperson of the department that teaches the course and approved by the advisor for your major (or minor).
*Student: provide the course description and, if possible, the syllabus to the chairperson of the department that teaches the course.
Department chairperson for the course approval: _____ Date _____

Major Minor advisor approval: _____ Date _____

_____ Student Signature _____ Date _____

