

# **Psychology Department Approval Form For Off-Campus Courses**

**This form is to be completed and signed by student, program director and department chair prior to registering for off-campus coursework.**

Student's Name: \_\_\_\_\_

Program: \_\_\_\_\_

ID#: \_\_\_\_\_

Title of Off-Campus course: \_\_\_\_\_

Course No: \_\_\_\_\_

Location of off-campus course (i.e. TWU): \_\_\_\_\_

Reason for taking this course off-campus:

Effective semester \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date