

Prefix Number	Course Title	Start Date	End Date	Units
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The Advisor's signature below verifies that they aware and have discussed this option with the advisee.				
Advisor's Signature:		Department:		
Advisor's (Printed):		Date:	Phone No:	

Section III- Financial Agreement		
The Above student has met the appropriate financial agreement.		
Financial Advisor of the student's Home institution	Phone number	E-mail

Section IV – To be completed by the Home Institution's Office of the Registrar	
The course(s) listed above will satisfy core curriculum requirements of the degree sought by the student and the student has met the pre-requisites.	
Office of the Registrar Signature:	Date:
Name of Institution	

Section – To be completed by the Delivering Institution	
Dates of Enrollment under this Agreement:	Number of Weeks of Instructional Time:
Office of the Registrar Signature:	Date: