

OCS Course Exercise Form

This form is intended to help you familiarize yourself with the academic offerings and requirements of your selected program/university; it is not an official course registration. Rather, you will register for your courses through your program/university and adjustments may be made to the preliminary selections you indicate below. Any changes must be communicated to the OCS Office via the On-Site Course Review Form and to faculty in the department(s) in which you wish to receive major/minor credits.

Last Name: _____ **Lived First Name:** _____ **Bowdoin ID #:** _____

Requested Major 1: _____ **Major 2:** _____ **Requested Minor:** _____

Program/University Name (and track, if applicable): _____

OCS Term and Year: ☐ Fall 20____ ☐ Spring 20____ ☐ Year (Fall 20____) ☐ Year (Spring 20____) **Petition Program?** ☐ Yes ☐ No

Minimum required credit load at host institution (to earn 4 Bowdoin credits): _____ *If unsure, see the "Academics" tab of your [program/university](#).*

Instructions: In the below chart, list courses you hope to take the semester you are away and review them with a faculty member in your department(s) of study for pre-approval. Please complete all fields for each course, and list enough courses to equal the minimum required credit load you have listed above.

- If you are only seeking general credit for your courses, a faculty member from your major department(s) only needs to sign the bottom of this form.*
- If you are seeking major/minor credit for a specific course, a faculty member from that department must indicate their pre-approval with their signature to the right of that course.*
- If you are planning to enroll in an independent study or research course that is an optional component of your curriculum, a faculty member must provide approval below, even if it is for general credit.*

Course Code and Title (if course code is available)	Credit Value at Host Institution	Credit			Bowdoin Department (if Major/Minor credit)	FACULTY SECTION	Department Faculty: Print name and initial to indicate conditional approval for <u>major/minor</u> credit
		Major	Minor	General			

Major Department Faculty: Please sign below to indicate support of student's off-campus study plans, semester, and proposed course selection. Please use space below to note any additional applicable policies or remarks about departmental credit transfer for this student and for this program/university.

Major 1 Department

Major 2 Department (if double or coordinate major)

Faculty Signature: _____ Date: _____ Printed Name: _____ Dept: _____ Department Notes (optional): _____	Faculty Signature: _____ Date: _____ Printed Name: _____ Dept: _____ Department Notes (optional): _____
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