

Off-Campus Study Program Course Exercise and Sign-off, 2023-2024

Return to the OCS Office, 110 Moulton Union, by **March 7th** for Fall and **Spring 15th** for Spring. **PLEASE PRINT CLEARLY.**

Personal Information: Last Name: Bear First Name: Polar ID #: 123456

Period Away (check one): Fall Spring Year (Fall) Year (Spring) Type of Credit (check one): Only general credit General AND major(s)/minor credit

NEW Program Name /University: SIT Cape Town: Community Health + Social Policy Is this a petition program?(check one): YES NO

Requested Major 1 (req.): Biology Requested Major 2 (opt.): _____ Requested Minor (opt.): _____

16 <- Write the number of credits at your host institution/program are considered a full load. (Refer to the Options List on OCS's website for this info). Students must take a full load of courses that are comparable to Bowdoin's liberal arts subject areas (no accounting, business, communications, entrepreneurship, leadership, linguistics, internship, journalism, marketing, media, etc.).

Below please list courses you hope to take the semester you are away. (Year students must submit a form for each semester or trimester of study away.)

Show these chosen courses to a faculty advisor in your department of study to review and sign off below.

- If you are only taking classes for general credit the advisor only needs to sign at the bottom.
- In the case when you want a class to count toward a major/minor, ask your advisor from that respective area of study to sign off for that specific course (you may need to provide course descriptions or syllabi for your advisor to review). For independent study courses that are optional components, faculty may indicate approval of whether course transfers as general or major/minor credit.

NOTE: The courses listed below do not constitute an official course registration; adjustments may be made on-site to your final course registration. Changes to your courses, especially towards your major/minor department(s) should be communicated to faculty while on-site and may require submission of coursework to your upon return.

Course code AND full title at Host Institution (if course code is unavailable, that is okay)	Credit Value at Host Institution	Type of Credit (Check 1 Box)			IF "YES": What is the major or minor you would like this course to count toward?	Department Advisor: Print name and initial here to indicate CONDITIONAL approval for major/minor credit. Faculty may provide conditional approval for optional independent study courses regardless of whether the course is indicated for major, minor, or general credit.
		Major	Minor	General		
<u>Approaches to Comm. Health</u>	<u>3</u>			<input checked="" type="checkbox"/>		FACULTY SECTION
<u>Social Determinants of Health</u>	<u>3</u>			<input checked="" type="checkbox"/>		
<u>isiZulu</u>	<u>3</u>			<input checked="" type="checkbox"/>		
<u>Research Methods + Ethics</u>	<u>3</u>			<input checked="" type="checkbox"/>		
<u>Ind. Study Project</u>	<u>4</u>			<input checked="" type="checkbox"/>		

For Faculty: Please sign below to indicate support of student 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.

Faculty Member: Pam Bryer Date: 2/1/23 Faculty Member: _____ Date: _____
 Printed Name: Pam Bryer Dept: BIO Printed Name: _____ Dept: _____

ACADEMIC DEPARTMENTAL NOTES:	ACADEMIC DEPARTMENTAL NOTES:
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