

## PROPOSED COURSE PLAN FOR OFF-CAMPUS STUDY APPLICATION

Student Name:			
Pro	gram Name:		
Ser	nester + Year:		
Che	eck the appropriate box:		
	<b>Undeclared:</b> This form must be signed by your primary academic adviser (generally your tutorial professor) after reviewing your OCS plans and an initial 4-year plan. Students are expected to follow their intended major department's expectations for OCS and major completion so you <b>must</b> also discuss plans with faculty in your <b>intended</b> major department(s).*		
	<b>Declared:</b> This form must be signed by your primary academic adviser after reviewing your OCS plans and 4-year plan. If you have declared or intend to declare a <b>double major</b> and/or <b>concentration</b> , you must obtain the signature of your primary academic adviser but <b>must</b> also discuss plans with faculty in your second major department and/or concentration.*		
*Тс	the Student: It is your responsibility to ensure that all i	relevant conversation	ns take place.
	mary Academic Adviser: Your signature indicates that thurses listed below align well with the 4-year plan.	e student has review	ved their OCS plans and 4-year plan with you, and that the
Adv	viser Printed Name:		
Adv	viser Signature:		
belo afte	ow. Departments and concentrations have their own policies, or the program has been completed based on course materials count as general credit towards graduation. Credit is transfer	and credit approval ma and academic work. T	a signature from a relevant faculty member or chair is required by be granted in advance based on the syllabus or determined ransferable courses not approved for a major or concentration Grinnell's liberal arts curriculum and a C or above is earned.
	COURSE TITLE	SEMESTER CREDITS (OR EQUIVALENT)	FACULTY SIGNATURE IN THIS COLUMN INDICATES PRE-APPROVAL TOWARDS MAJOR OR CONCENTRATION
	<del></del>		