BOLD
DEGREE COMPLETION
BIOLA UNIVERSITY

OFF-CAMPUS COURSES REQUEST FORM

Last Name _____ First Name _____ ID # _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

To the Registrar's Office:

This is to inform you that I would like to take the following course(s) outside of Biola during my final term of enrollment (circle one: SPRING / FALL 20_____) in the BOLD Program.

Biola Course Being Met	Course #	Course Title	Units	College/University	Start & End Dates

If approved, I will submit Proof of Registration before the deadline date (April 15th for May graduation/ November 15st for December graduation). If I fail to do so, I understand that I will not be allowed to walk in the Graduation Ceremony until the following term.

I realize that I need to receive at least a "C" (2.00 GPA) for the course to transfer to Biola University.

Student Signature _____ Date _____

Academic Counselor _____ Date _____

Registrar Approval _____ Date _____

Return this form to your BOLD Program Education Center with your Graduation Petition

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