

DUTCHESS COMMUNITY COLLEGE

Permission to Attend Another Institution

Name of Student (Last, First, Middle Initial)	Student ID#: A _____
Mailing Address	
City, State, Zip	Telephone:
Current Program of Study at DCC:	Term you intend to take the course(s):
Student Signature: _____	Date: _____
Please indicate the College or University where you will be completing the coursework:	
College/University Name: _____	
Address: _____	
REQUIRED Student Must Provide COURSE AT OTHER INSTITUTION	DO NOT WRITE BELOW THIS LINE * FOR OFFICE USE ONLY* EQUIVALENT SUNY DCC COURSE
COURSE NUMBER & TITLE	COURSE NUMBER & TITLE
<p><small>*Please be advised that this form does not replace the SUNY Cross Registration Form.*</small></p> <p><small>*If your intent is to be a Cross Registered Student you must submit the Official SUNY Paperwork.*</small></p> <p>UPON SUBMISSION OF AN OFFICIAL TRANSCRIPT TO SUNY DCC FROM THE ABOVE COLLEGE AND PROVIDING A GRADE OF "C OR HIGHER" IS EARNED FOR THE COURSE(S), THE COURSE(S) WILL BE APPLIED TO THE STUDENT'S CURRENT UNDERGRADUATE PROGRAM THAT IS INDICATED ABOVE ONLY WITH SIGNED PERMISSION FROM THE REGISTRAR'S OFFICE</p>	
DO NOT WRITE BELOW THIS LINE * FOR OFFICE USE ONLY*	
Registrar's Signature:	Date:
Notes:	

Date Mailed: _____
Initials: _____