

**NORTHWEST NAZARENE UNIVERSITY
CHECK LIST FOR OFF-CAMPUS STUDY**

_____ 1. Pick up your program application and obtain the necessary signatures.

- Off-campus applications can be obtained from Dr. Mark Gismondi in Elmore Hall.
- Cross-registration applications can be obtained through the Registrar's Office in the Administration Building

_____ 2. Complete the attached *Off-Campus Study Approval Form*. Return this form to the Registrar's Office.

_____ 3. Register for your off-campus classes. Forms can be obtained from the Registrar's Office.

- If you have not submitted a schedule for the semester you will be off-campus, register for off-campus classes using an *Official Course Request* form.
- If you have already registered for courses for the semester you will be off-campus, complete a *Drop/Add Form* to drop the courses for which you previously registered and add your off-campus courses.

**NORTHWEST NAZARENE UNIVERSITY
OFF-CAMPUS STUDY APPROVAL FORM**

This application must be completed no later than the end of the semester prior to the proposed term of off-campus study. Submit the completed form to the Registrar's Office.

ID Number _____ Name _____

NNU Box # _____ Social Security Number _____

Major _____ Semester of planned graduation _____

Mailing Address (to be used for billing, forwarding, etc.)

Street _____

City _____ State _____ Zip _____

Semester you will be off-campus: (check one semester and indicate year)

_____ Fall semester 20____

_____ Spring semester 20____

_____ Summer semester 20____

Contact numbers at which you can be reached while off-campus:

Phone _____ FAX _____ E-mail _____

Mailing Address _____

Program to be attended (check one)

- | | |
|---|--|
| <input type="checkbox"/> American Studies Program | <input type="checkbox"/> European Nazarene University |
| <input type="checkbox"/> China Studies Program | <input type="checkbox"/> *Spanish Institute of Language |
| <input type="checkbox"/> Latin American Studies Program | <input type="checkbox"/> *Alliance Francois de Paris |
| <input type="checkbox"/> Los Angeles Film Studies Center | <input type="checkbox"/> Canadian Nazarene College |
| <input type="checkbox"/> Oxford Honors Program | <input type="checkbox"/> Olivet Nazarene University |
| <input type="checkbox"/> Middle East Studies Program | <input type="checkbox"/> Trevecca Nazarene University |
| <input type="checkbox"/> Russian Studies Program | <input type="checkbox"/> Eastern Nazarene College |
| <input type="checkbox"/> Oxford Summer School Program | <input type="checkbox"/> Southern Nazarene University |
| <input type="checkbox"/> Contemporary Music Program | <input type="checkbox"/> Mt. Vernon Nazarene University |
| <input type="checkbox"/> Wesley Institute in Australia | <input type="checkbox"/> Mid America Nazarene University |
| <input type="checkbox"/> Uganda Studies | <input type="checkbox"/> Nazarene Bible College |
| <input type="checkbox"/> Jerusalem University College | <input type="checkbox"/> Nazarene Theological Seminary |
| <input type="checkbox"/> Au Sable Environmental Studies | <input type="checkbox"/> Korea Nazarene University |
| <input type="checkbox"/> Nazarene Theological College Australia | <input type="checkbox"/> Other Approved Program |
| <input type="checkbox"/> Africa Nazarene University | |
| <input type="checkbox"/> Universidad International (Cuernavaca) | |

* Programs marked (*) do not allow use of NNU financial aid.

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Approval of course substitutions for off-campus study courses

Indicate below the courses you plan to take and how they are to be substituted for your degree requirements. Courses applied to your general education requirements must be approved by Dr. Gismondi or the Registrar. Courses applied to your major requirements must be approved by your major advisor.

Course Number	Course Title	Credits	NNU Course Substitution	Signature of Advisor or Registrar

FINANCIAL AID INFORMATION – TO BE COMPLETED BY FINANCIAL AID OFFICE

Is financial aid available for this program? ___Yes ___No If yes, how much? _____

Additional Comments: _____

Signature, Director of Financial Aid _____ Date _____

BUSINESS OFFICE INFORMATION – TO BE COMPLETED BY THE STUDENT ACCOUNTS SUPERVISOR

Financial arrangements have been made with the Business Office

Comments: _____

Signature, Student Accounts Supervisor _____ Date _____

Insurance Secured

Proof of insurance is a requirement for students studying abroad. Please attach a copy of your insurance policy and make sure you send a copy to your off-campus institution.

Required Signatures

Signature, Major Advisor _____ Date _____

Signature, Student _____ Date _____

Signature, Director of Off-Campus Study _____ Date _____

RETURN THIS FORM TO THE REGISTRAR'S OFFICE