



# Adrian College

## Registrar's Office

### Out-of-State Study – Summer Terms

SN: \_\_\_\_\_ Phone: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_

College Attending: \_\_\_\_\_

State: \_\_\_\_\_

Complete the Course No. and Course Title lines. The Registrar will complete the Adrian College Equivalent line (highlighted in grey). Please attach course descriptions for any courses not listed in the guest college's catalog.

Course No.: \_\_\_\_\_ Course Title: \_\_\_\_\_

Adrian College Equivalent: \_\_\_\_\_

Course No.: \_\_\_\_\_ Course Title: \_\_\_\_\_

Adrian College Equivalent: \_\_\_\_\_

Course No.: \_\_\_\_\_ Course Title: \_\_\_\_\_

Adrian College Equivalent: \_\_\_\_\_

Course No.: \_\_\_\_\_ Course Title: \_\_\_\_\_

Adrian College Equivalent: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_