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NAME	·		IL	:	CLASS:
I seek a	approval, IN AD	VANCE, for the following	g course(s) to	be taken during	the Summer of
				_	(College or University).
		at <b>approval retroactively</b>			
DEPT	NUMBER	COURSE TITLE	EQUIV HAV'D CREDIT	DISTRIBUTION (HU SO NA QU) *IF APPL*	HAVERFORD DEPARTMENT CHAIR APPROVAL
Approved:Student's Advisor				isor	Date
Approv	red:		tudent's Dean  1 this signature last**		Date
I have r instituti consulte approve the Hav	ion, and I fully u ed with my Dear ed request, <u>I shal</u> verford Registrar	for recording. hat I may not deviate from	ements regardity for such secript of my	ding such study. I study. Upon succe grades sent direct	I have, furthermore, essful completion of this tly from the host institution to per approval, that only a grad
		ill transfer to Haverford, or calculate into my Have			d will neither appear on my
	Student's Signature				Date