**SACM Online Course Form**

*Note: The MAXIMUM online credits allowed per degree is 12 credits for undergraduate and 6 credits for graduate students. Only one online course is generally permitted per semester.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Concentration: (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor Must Complete:**

How many credits is the student requesting to take online? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: The MAXIMUM on-line credits allowed per degree is 12 credits for undergraduate and 6 credits for graduate students. Only one online course is generally permitted per semester.*

Please list *requested* online courses below:

 Course Code Course Title # of Credits Term Date

 (HIST-110) (American History I) (3)

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |
|  |  |  |  |

Is there a face to face option? Yes No

Please explain why the course(s) must be completed online. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many credits has the student *previously* completed online at Widener? \_\_\_\_\_\_\_\_\_

Please list *previously completed* online courses below:

 Course Code Course Title # of Credits Term Date

 (HIST-110) (American History I) (3)

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Academic Advisor Name (Print) Academic Advisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print) Student Signature Date

**Adviser, please email completed form to SACM adviser Waled Almashraqi at walmashraqi@sacm.org and copy ISS Director Kandy Turner at kkturner@widener.edu**