

# APPLICATION FOR CREDIT FOR ATTENDING AN OFF-CAMPUS WORKSHOP

Midwestern Baptist Theological Seminary  
Academic Development Office (*created July, 2008*)

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

Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

Credit Hours Completed: \_\_\_\_\_

Campus Mailbox #: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Credit hours (1 or 2): \_\_\_\_\_

**Workshop or Conference Title:** \_\_\_\_\_

*(attach a copy of the workshop or conference brochure or materials documenting title, focus/purpose, and presenters)*

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Date all work/assignments will be completed:** \_\_\_\_\_

**Midwestern Faculty Supervisor:** \_\_\_\_\_

**Requirements beyond attending the workshop or conference, if any – specify in an attached syllabus or learning contract to this document or, if none, note “none” here:**

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**AGREEMENT:** Signatures indicate agreement to the above-stated course content, procedures, and requirements.

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Faculty Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Academic Dean:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Copy this form to: Registrar, Academic Dean's Office, Student, and Professor.*