

APPLICATION FOR CREDIT FOR ATTENDING AN OFF-CAMPUS WORKSHOP

Midwestern Baptist Theological Seminary
Academic Development Office (Updated November 11, 2009)

Name: _____

Student ID: _____

Major: _____

Credit Hours Completed: _____

Campus Mailbox #: _____

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: _____

Term: _____

Course Number: _____

Course Title: _____

Credit hours (1 or 2): _____

Professor of Record: _____

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.