

**Authorization of Correspondence Course**  
**Through Extended Studies**

(On-campus degree-seeking students only)

Student's Name \_\_\_\_\_

Student's ASC ID Number \_\_\_\_\_

Semester/Year \_\_\_\_\_

Latest Cumulative GPA \_\_\_\_\_

Semester hours enrolled in this term (excluding requested correspondence course) \_\_\_\_\_

**Correspondence Course Requested:**

Department \_\_\_\_\_ Course Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

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

Pre-requisites for the course have been completed:  Yes  No

Reason for requesting to take correspondence course: \_\_\_\_\_

\_\_\_\_\_

**NOTE:**

- *A student must be enrolled in 10+ on-campus hours in order to receive health insurance. ASC's insurance company does not cover Off-campus courses, such as those offered through Extended Studies. By signing this form the student acknowledges that they are aware they will not be billed for, or provided with health insurance by Adams State College if they enroll in less than 10 on-campus credit hours.*
- *By registering for Extended Studies courses, the student acknowledges that his/her financial aid package may be adjusted.*

\_\_\_\_\_

**Approvals:**

Approved

Not Approved

Student

Date

Student's Advisor

Date

Approved

Not Approved

Department Chair of program  
with equivalent to Correspondence Course

Date

Approved

Not Approved

Assistant Provost for Academic Affairs

Date