Lafayette College
Authorization for Course Consideration Form

Student: Complete the information requested below and give this form with a stamped envelope (addressed to the Office of the Registrar, Lafayette College, Easton, PA 18042-1770) to your high school guidance counselor or the college/university program coordinator. Be sure that a description of the course(s) (preferably from the college's course catalog) is sent with this completed form.

Your name: 

Address: 

Name of high school: 

Title of program: 

Name of host/college university: 

Course Number and Title 

Title and author of textbook(s): 

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High school counselor or College/University program coordinator: Complete the information requested below and return this form to Lafayette College in the envelope provided by the student.

Please check which of the following statements apply to this program:

____ The course(s) is a part of the college/university's regular college-level curriculum which would terminate in a degree.

____ The course(s) is taught on the college/university campus by a member of the institution's faculty.

____ The predominant population in the course(s) is regular, full-time college students enrolled in a degree program.

Comments:

Please print the following:
Name: 
Signature 
Title: 
School: 

Date: 
Telephone number: 
Office fax number: 
