

**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 textbooks(s): \_\_\_\_\_  
\_\_\_\_\_

-----

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

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

Signature \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

School: \_\_\_\_\_

Office fax number: \_\_\_\_\_