



**OFF-CAMPUS COURSE APPROVAL
OFFICE OF THE REGISTRAR**

Last Name First Middle

The above mentioned student is authorized to register for the following courses(s) at:

Name of Institution

Catalog No.	Title of Course	Cr. Hrs.	GSC Course Number

Comments:

Student Signature _____ | _____
(Date)

Registrar's Signature _____ | _____
(Date)

NOTE: Student must have an official transcript from the above named institution sent to the Office of the Registrar, Good Samaritan College of Nursing and Health Science, 375 Dixmyth Ave., Cincinnati, OH 45220 upon completion of the course(s).