



11400 Robinwood Drive • Hagerstown, Maryland 21742-6590 • 240-500-2240

## AUTHORIZATION FOR ATTENDANCE AT ANOTHER INSTITUTION

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**I request authorization to enroll in the course(s) listed below during:**

**FALL/SPRING/SUMMER** \_\_\_\_\_ **at** \_\_\_\_\_  
 (Circle One) Year Institution Name

**Send Completed Transcript to:**  
 Hagerstown Community College, Records Office: 11400 Robinwood Drive, Hagerstown, MD 21742

*Please notify the Records Office at 240-500-2239 or [records@hagerstowncc.edu](mailto:records@hagerstowncc.edu) should you decide to not attend and take the following courses at the designated institution.  
 Your approval is cancelled with a change of course or term.*

Course No.	Course Title	Credit Hours	HCC Course No.	Equivalent HCC Title	Credit Hours

**\*Approval only valid for courses listed and term indicated above\***

\_\_\_\_\_  
 Student's Signature Date

\_\_\_\_\_  
 Academic Advisor's Name (print) Advisor's Signature Date

\_\_\_\_\_  
 Registrar Name (print) Registrar's Signature Date