Online Distance Learning (ODL)
College Approval Form

If you are in a degree program at an LSU System university or Nicholls State University, your college counselor or dean must sign this form, signifying approval of the courses listed below. Students attending other universities are advised, but not required, to do so. Return the completed form to Distance Learning Programs, 1225 Pleasant Hall, Baton Rouge, LA 70803, fax to 225-578-3090, or e-mail as an attachment to answers@outreach.lsu.edu.

LSU ID _________________________________

Student Name _________________________________________________________________________________
(Print) Last                         First                               Middle
Telephone  ______________________________      E-mail  ____________________________________________

Courses applying for:

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<th>Department</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
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By signing this form, I understand that I am subject to the College Deadline.

Student’s Signature ______________________________________________   Date _______________________

Important notice to counselors and students. ODL policy requires a student to be enrolled in a course for eight weeks before the student may take a final exam. The enrollment periods begins upon acceptance of payment for the course, not when the application is made or approved. Students should pay immediately upon application approval.

In practical terms, because of time needed for application approval, fee payment, grading, exam scheduling, etc., students will need at least ten or more weeks to complete a course. Please take that into consideration when setting the college deadline.

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The counselor or dean may allow the student to have the full enrollment period (six months from enrollment date) for the course or specify a more restrictive deadline. No extension will be granted without further approval. Please indicate the deadline that will apply to these courses:

☑ Standard enrollment period       ☐ Other _______________________________________________________

(Specify date)

Name of Counselor or Dean ______________________________________________________________________
(Print)

Signature of Counselor or Dean ______________________________________________   Date _______________

For Office Use Only

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