



BELHAVEN COLLEGE
DANTES and Correspondence Course Approval Form

I. Student Information		
Name:	Today's Date:	Group Number:
SSN:	Daytime Phone:	E-mail:

II. Indicate Belhaven course and method of course completion.	
DANTES Test	Correspondence Course
Belhaven Course:	Belhaven Course:
DANTES Test:	University:
	Correspondence Course Name:
Second course, if applicable.	
Belhaven Course:	Belhaven Course:
DANTES Test:	University:
	Correspondence Course Name:

_____ Student Signature

Please return this form via email to the Office of Student Services.

Comments: _____
