SACM Course Delivery Type Waiver

As a student at Ashland University and a recipient of funds from the Saudi Arabian Cultural Mission (SACM), you are restricted from enrolling in sections that are either hybrid or online. To allow for exception to enroll in a section that is taught online or hybrid, your advisor must complete this form. Upon completion of this form, return it to the Office of the Registrar in Founders Hall Room 206. The Office of the Registrar will then register you for the course listed and submit the verification to SACM as proof of your need to have the exception. Proof of this exception and a list of all courses, hybrid or online that you have been enrolled in, will be sent as required. Submission of this form does not guarantee SACM funding.

Student Name

Student ID

Semester

Course and Section

Course Name

Credit Hours

In order that you may be approved by AU to enroll in an online or hybrid course, the course must be your only option for fulfilling the degree requirement.

To be completed by the Student’s Advisor. Indicate all that apply to this situation.

☐ Only course/section that fulfills the degree requirement. Please note that if another course offered in a classroom can fulfill the requirement, major or core; the student cannot be approved to take this specific course and section.

☐ Conflict in time/day with other courses. Please note that if another course offered in a classroom can fulfill the requirement, major or core; the student cannot be approved to take this specific course and section.

☐ Only offered online during this semester. Please note that if another course offered in a classroom can fulfill the requirement, major or core; the student should not be approved to take this specific course and section. SACM students are restricted to 4 courses (3 credits each) for undergraduate and 3 courses (3 credits each) for graduate via online or hybrid methods during their entire enrollment period.

As this student’s advisor I recommend exception for this student to enroll in the course listed above. I authorize that this specific course/section/delivery method are the only way for the student to complete their course requirement.

Advisor Name

Advisor Signature

Date

Registrar’s Office Use:
Letter to SACM sent by ________________________________ on ____________.