



SHARED PROGRAMS APPROVAL FORM

(COMPLETED FORM MUST BE SUBMITTED TO THE STUDENT ACCOUNTS OFFICE)

Name: _____ Student #: _____

To be completed by Student:

I wish to enroll in the following course(s) for the ___ Fall ___ Winter ___ Spring ___ Summer:

- 1. _____ 4. _____ 7. _____
- 2. _____ 5. _____ 8. _____
- 3. _____ 6. _____ 9. _____

In addition, I agree to the release of any information necessary to process financial aid, including grades and transcripts. I realize that this Shared Program agreement applies only to the curriculum that is listed above and that courses must be taken for credit toward my declared major. I understand that any course change(s), such as a drop/add, must be approved by the Area Coordinator, and I MUST submit a new approval form to Student Accounts, Linksz Pavilion, 1st Floor.

Student Signature: _____ Date: _____

To be completed by Area Coordinator:

I agree that the above-named student is eligible to participate in our Shared Programs, as he/she is enrolled and qualifies in the following curriculum:

- Fine Arts w/ Fine Woodworking Focus (AFA.1001)
- Furniture and Cabinetry (CER.3187)
- Historic Preservation (CER.3127)
- Health Coach (CER.3203)
- Meeting, Convention, and Event Planning (AA.2171)
- Neuroscience (AS.1194)
- Paralegal/Legal Studies (AA.2128, CER.3129)
- Sport Management (AA.1154)

Shared Program approval has been granted to the above student for the _____ 20__ term.

Area Coordinator _____ Date: _____
Signature

Note to students: You **MUST** present this form to the Student Accounts Office each term at the time of registration, either in person, by email (accounts@bucks.edu), or by mail (275 Swamp Road, Newtown PA, 18940). All shared program information is inputted **AFTER** registration is complete.