



REQUEST TO PARTICIPATE IN THE PRINCETON UNIVERSITY EXCHANGE PROGRAM

OVERVIEW: Students must hold a minimum cumulative GPA of 3.5 earned at Rider University in order to be eligible to participate in the Princeton University exchange program.

INSTRUCTIONS: You must submit this form no earlier than the first week of the semester before the semester in which you wish to take the course and no later than the first week of Westminster classes in the semester in which you wish to take the course.

STUDENT INFORMATION:

Form fields for Last Name, First Name, Bronc ID, Major(s), and Rider Email Address.

COURSE INFORMATION:

Number and Title of Princeton course: Credits:

Semester course will be taken: Fall Spring Year

Why are you interested in taking this course?

Three horizontal lines for writing the reason for interest.

I would like this course to fulfill the following requirement/elective (check all that apply): If you have checked any box, additional signatures are required.

Form fields for selecting requirements: Music History Elective, Music Theory Elective (Level I/II), and Other.

By signing, I confirm that I am aware of the following policies governing my participation in this course:

- 1) I must have a cumulative GPA of at least 3.5 to be eligible to participate in the exchange program.
2) Both universities must approve enrollment in the Princeton University course.
3) The grade and credits for this course will appear on my Rider University transcript.

Student Signature

Date

**VERIFICATION of ELIGIBILITY**

As of this date, the student has completed:

\_\_\_\_\_ Undergraduate credits with a cumulative GPA of \_\_\_\_\_

Student is eligible to participate in the Princeton University exchange program.

Student is ineligible to participate in the Princeton University exchange program.

\_\_\_\_\_  
Academic Coordinator

\_\_\_\_\_  
Date

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**REQUIRED SIGNATURES:** If requesting this course to fulfill a specific undergraduate **music** requirement or elective, the student must secure the signature of the chair of the department who oversees the requirement **before** submitting the form to the Associate Dean.

WCC Associate Dean: \_\_\_\_\_  
Signature Date

Approve  Deny

If also requesting use of this course to fulfill an undergraduate requirement or elective:

Department Chair: \_\_\_\_\_  
Signature Date

Approve  Deny

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Registrar's Office: \_\_\_\_\_  
Signature Date