

DATE: _____

Student Name (PRINT): _____

Student ID: _____

Address: _____

Phone #: _____

Current Major: _____ Current Major Code: _____

Host College/University

Name (PRINT): _____

Address/Location: _____

Semester of Study: _____ # of Credits: _____
(please attach a course description for each course)

1.) Course # & Title: _____ Credit Hours: _____

DYC Course # Equivalent: _____ Credit Hours: _____

2.) Course # & Title: _____ Credit Hours: _____

DYC Course # Equivalent: _____ Credit Hours: _____

3.) Course # & Title: _____ Credit Hours: _____

DYC Course # Equivalent: _____ Credit Hours: _____

Reason for request: _____

Signatures: _____ approved / denied

Student (PRINT): _____

Student Signature: _____

Advisor (PRINT): _____

Advisor Signature: _____

Chair of Students Program (PRINT): _____

Chair of Students Program Signature: _____

Registrar Office Use ONLY:

Transcript received Date: _____ Grade(s): _____

Colleague Course Equivalent(s): _____

Processor: _____