

REQUEST FOR TRANSFER CREDIT

DATE: _____

Student Name (**PRINT**): _____

Student ID: _____

Major: _____ Major Code: _____

Student Phone #: (_____) _____

Please attach a course description or syllabi for each course transfer requested below.

1.)	College Name: _____		
	Course # & Name: _____	_____	Credit Hours: _____
	Date Completed: _____	Grade Received: _____	
	Course Description: _____		
	DYC Equivalent		
	Course # & Name: _____	_____	Credit Hours: _____
	Rationale: _____		

2.)	College Name: _____		
	Course # & Name: _____	_____	Credit Hours: _____
	Date Completed: _____	Grade Received: _____	
	Course Description: _____		
	DYC Equivalent		
	Course # & Name: _____	_____	Credit Hours: _____
	Rationale: _____		

Signatures (The department chair may also designate another faculty member to approve this request):

approved denied

Chair of Department to
which course pertains (**PRINT**): _____

Chair of Department **Signature**: _____
Date

Registrar Office Use ONLY:

Transcript received

Date: _____

Processor: _____