



Request for Transfer of College Credit

Semester: _____ Year: _____

Student Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Current Degree Program _____

College Level (Freshman, Sophomore, etc.) _____

Please State Reason For This Request: _____

Name of College/University Where Course Will Be Taken: _____

<u>*Course(s) for which transfer is requested:</u> (List complete course number & title)	<u>To fulfill what course at Bacone College:</u> (List complete course number & title)

*(If request is approved, an official transcript of the above course(s) must be received before credit will be recorded on the student's Bacone College record. Bacone only accepts grades of "C" or better in transfer.)

Student

Date

Dean/Division Chair (approval required if course would fulfill a requirement for the students major degree program)

Date

Registrar

Date

Copies to: Dean/Division Chair
Student