

Request for Transfer of College Credit

Semester:	Year: .	
Student Name		
City S	ate	Zip
Telephone		
Current Degree Program		
College Level (Freshman, Sophomore, e	cc.)	
Please State Reason For This Request:		
-		
Name of College/University Where Cour	se Will Be Taken:	
*Course(s) for which transfer is requested:	To fulfill wha	t course at Bacone College:
(List complete course number & title)	(List comple	ete course number & title)
•		· · · · · · · · · · · · · · · · · · ·
and the second of the second o		
*(If request is approved, an official transcript of		
recorded on the student's Bacone College record	Bacone only accepts gr	ades of C or better in transfer.)
Student	Date	
D (D)::: (I : / 1 : 1:0	Data	
Dean/Division Chair (approval required if course would fulfill a requirement for the students major	Date	
degree program)		
Registrar	Date	

Copies to: Dean/Division Chair Student