TRANSFER COURSE APPROVAL FORM

- Complete a separate form for each course for which you are requesting transfer approval.
- A Course Description or Syllabi MUST be attached to this form.

Student Information (Please Print)

Name: ___________________________________________ Last Name __________ First Name __________ Middle/other ______

Mailing Address: _____________________________________________________________

Address ___________________________________________ City ______ State ______ Zip Code ______

Date of Birth: ____________/_________/___________

Transfer Course Information (Please Print)

Name/Address of Transfer Institution: _____________________________________________

Semester/Year Course Will Be Taken __________________________ Course Semester Hours____

Course Dept/Number_______ Course Title _________________________________________

MC Course Equivalent Request (requirement expected to be met) _________________________

Reason for Transfer Request ________________________________

(If additional space needed for reason for transfer, attach separate sheet of paper.)

- Completed Form must be processed by the Office of the Registrar.
- Grade of “C” or above for general education courses must be earned for transfer of credit.
- Credit will not be transferred until an Official Transcript has been received by the Office of the Registrar.

_________________________________________  __________
Student Signature ___________________________ Date ______

FOR MC VICE PRESIDENT OF ACADEMIC AFFAIRS USE ONLY

☐ The above course is approved for transfer as ___________________________.

☐ The above course is NOT approved for transfer.

- Explanation of Transfer Denial ________________________________________________

Vice President of Academic Affairs Signature ___________________________ Date ______