

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/otherMailing 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