

# UNDERGRADUATE TRANSFER OF CREDIT PETITION

Please consult your departmental academic advisor and an advisor in the Office of Academic Programs for prior approval for transfer rules and restrictions. A transcript from the applicable institution and certification from the register or college that the courses listed below carry credit and have not been used towards another degree. **ATTACH A TRANSCRIPT WITH THIS REQUEST.**

\_\_\_\_\_  
Student name print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name of Institution where courses were taken

**NOTE: Quarter hours are converted to semester hours as follows--quarter ours x.667 = semester hours. Please list exact amount of semester hours the college is accepting per course. Do not request more credit hours per course than the hours listed on transcript of its semester equivalent.**

1.	Course (name and number) _____ Title _____  Semester Hours Credit _____ Grade _____ Term/Year Taken _____ Accept ____ Deny ____
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2.	Course (name and number) _____ Title _____  Semester Hours Credit _____ Grade _____ Term/Year Taken _____ Accept ____ Deny ____
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3.	Course (name and number) _____ Title _____  Semester Hours Credit _____ Grade _____ Term/Year Taken _____ Accept ____ Deny ____
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Signature: \_\_\_\_\_ Student  
Date

Signature: \_\_\_\_\_ Advisor  
Date

Action taken by College: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENY
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Signature: \_\_\_\_\_ Director OAP  
Date