

Transfer Approval Form

ID Number: _____

Class Year: Fr. So. Jr. Sr.

I, _____ request permission to take/transfer courses listed
(Please print your name)

at: _____
(Institution courses are transferring from)

City: _____ State: _____ Country: _____

Courses will be taken during (choose a term and year): Fall Spring Summer 20_____

I understand in order for courses to count towards my graduation at Carthage, I must earn a grade of C- or better. I also understand only hours will transfer, but grades will not. My scholastic average will not be affected by this work.

(Student Signature)

Transferring From:

Carthage Course Number and Title:

DEPT	Number	Title:	Credits	Accepted as:

Approval Signatures: (If you have courses from more than one department you will need more than one signature)

Department Chair 1: _____

Department Chair 2: _____

Department Chair 3: _____

Registrar: _____

*Post Signature: _____

*Post signature is only required for immersion students