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)

<table>
<thead>
<tr>
<th>Transferring From:</th>
<th>Carthage Course Number and Title:</th>
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</thead>
<tbody>
<tr>
<td>DEPT</td>
<td>Number</td>
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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