TRANSFER CREDIT REQUEST FOR COURSES

Please complete the following form for requesting credit. You must complete a form for each class.

Name of Student: _____

Course Name: _____

University/College where course was taken:_____

Name of course instructor: _____

Title of course instructor: _____

Website of course instructor (if available): _____

Date of student request: _____

Additional Details

1) How many weeks was the course? _____

2) How many times did the course meet each week? _____

3) How long did each meeting of the course last? _____ minutes/hours (circle one)

4) Please submit the syllabus that includes course readings. If course readings are not available, please send us a list as best as possible and include any course requirements, such as essays and presentations.

5) Please indicate any other information that will help us make our decision. For instance, how does it matter to your degree or career goals? *(No exceptions will be provided to the major rules outlined on our website)*

Student Signature: _____

Approved by: _____ [Print Name]

Approver Signature:_____