

## Office of the Registrar Request for Approval of Transfer Credit

Name:		ID #:		
Major:		Classification:		
Permission is requested	I to transfer credit for the followi	ng courses to be taker	ı at:	
·			College	/University
	1 .			•
The course(s) will be tak	ken during	Semester,	·	(year).
Transfer Course Title				
Dept & Number			Semester Hours	
Proposed to meet this				
requirement				
(Office use only)				
Approved/Declined				
	T			
Transfer Course Title				
Dept & Number			Semester Hours	
Proposed to meet this				
requirement				
(Office use only)				
Approved/Declined				
Transfer Course Title				
Dept & Number			Semester Hours	
Proposed to meet this		1		l
requirement				
(Office use only)				
Approved/Declined				
offered at Hendrix, receive a l student has already received considered as the same cour	en at an accredited college/university, better grade of C or better (pass/fail will credit. Note that the courses from oth se for transfer purposes. Transfer creditansfer course to make sure that it is a	not be accepted), and canr er institutions with differe ts should always be appro	not be a repeat of a class nt titles from Hendrix co ved by the Registrar's o	s for which the ourses may be office prior to a
Advisor's Signature		Date		
Registrar's Signature		Date		