



TRANSFER COURSE APPROVAL

Name: _____ Soc. Sec.# _____

Address: _____
(city) (state) (zip)

Advisor: _____

FALL SPRING SUMMER 20_____ Classification: _____

Student has approval to enroll at : _____
(name of Institution)

(address of Institution)

For the following course(s):

Department & Number	Course Title	Credit Hours
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1. _____
2. _____
3. _____
4. _____

Reason(s) for taking the course(s) elsewhere:

Is the course an upper-level credit course? _____

Do you have the necessary prerequisites? _____

Is this course a repeat course? _____ If yes, when: _____
where: _____

How many hours do you presently have from a community college? _____

(Only 64 hrs. of community college credit can be applied toward the 128 hr. degree requirement at University of Saint Mary).

The course(s) listed above will transfer to Saint Mary College if the grade received is a "C" or above.

Signature of Advisor Date
Copy: Advisor Student

Signature of Registrar Date
Revised: May 2000