



## TRANSFER COURSE APPROVAL

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Address (or Campus unit #) \_\_\_\_\_  
(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*
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\*Check the box below for which type of measurement the credits hours are given by the institution:

- Clock Hours
- Quarter Hours
- Semester Credit Hours

Academic requirement(s) that the course(s) will satisfy:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*The course(s) listed above will transfer to the University of Saint Mary only if the grade received is a "C" or above. Only a maximum of 64 hours from a community college not to exceed 90 hours from all sources will be accepted towards total hours required for a bachelor's degree.*

Is the course an upper-level credit course? \_\_\_\_\_

Are all necessary prerequisites met? \_\_\_\_\_

Are the course(s) repeated? \_\_\_\_\_. If yes, when: \_\_\_\_\_  
& where: \_\_\_\_\_

Current total amount of community college hours? \_\_\_\_\_

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registrar

\_\_\_\_\_  
Date

Copy:    Advisor    Student