



**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. _____	_____	_____
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 the University of Saint Mary.)

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

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

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

Copy: Advisor Student