



**REQUEST FOR TRANSFER OF
GENERAL CREDIT TO SATISFY THE
INSTITUTIONAL CORE REQUIREMENTS
FOR AN ASSOCIATES DEGREE**

SECTION I: To be filled out by the student and returned to the Department Chair overseeing the Program of Study.

Student Name: _____ Student Number: _____

Address: _____

Phone: _____ Email: _____

Cell Phone: _____

Please check the appropriate box to indicate your preferred method of contact.

Curriculum Guide you are following: _____ Year of Guide: _____

Core area for which you are requesting credit: _____

Course you would like to substitute for the core requirement:

Course Code: _____ Course Title: _____

Institution where course was taken: _____

State in detail the reason you are requesting this substitution. Attach any supporting documentation showing that this course met the core area learning outcomes.

(For example: official course syllabus; exams; lab reports; assignments)

SECTION I (cont.)

Signature: _____ Date: _____

SECTION II: Office Use Only

A) Completed by Program's Chair

Core Chair Determination: Name _____ Date _____

- Core Chair Approve? Yes (forward to Program's Dean)
 No (student notified by Program's Chair, Date: _____)

Comments:

Program's Chair Signature: _____ Date: _____

SECTION II (cont.)

B) Completed by Program's Dean

Program's Dean Concurs: Yes (forward to VP of Academic Affairs)
 No (return to Program's Chair for student notification)

Comments:

Dean's Signature: _____ Date: _____

C) Completed by VP of Academic Affairs Concurs:

VP of Academic Affairs Concurs: Yes No

Comments:

VP of AA's Signature: _____ Date: _____

- Copy sent to Registrar
- Copy sent to Dean
- Written notification sent to student