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