

REQUEST FOR APPROVAL OF TRANSFER CREDIT

Name _____

Southeast ID# _____

Address _____

Date of Birth _____

Email address _____ (Southeast Email if applicable)

Semester: Fa ____ Spr ____ Sum ____ Yr ____

Course(s) To Be Taken At:

(Name of School) (City) (State) (Country)

Transfer Course No. & Title	Hrs.	Equivalent	Southeast No.	APPROVED	DENIED	DEPT. APPROVAL
_____	---	_____	_____	---	---	_____
_____	---	_____	_____	---	---	_____
_____	---	_____	_____	---	---	_____

You must earn a minimum of 30 hours at a 4-year college or university. Approval of transfer credit does not guarantee completion of specific requirements. Courses taken through a community college, while transferable, will not grant senior division credit regardless of course number used in transfer.

Office of the Registrar

Comments _____
