

**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
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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 \_\_\_\_\_