



REQUEST FOR TRANSFER CREDIT PERMISSION

Office of the Registrar
 One Winooski Park, Colchester, VT-05439
 Telephone: 802.654.2571 Fax: 802.654.2690

Student Name: _____ Date: _____
 Student ID #: _____ Graduation Year: _____
 Current Major: _____ Current Advisor: _____
Print Name

I seek permission to take the following course(s) during the _____ session, _____ at
 (i.e. Fall, Spring, Summer I, Summer II) Year

_____ Name of College or University
 in _____, _____
City State

Please fill in all white sections of the table below as indicated. Be sure to list the course number and course name. Please check the box to indicate if this course should count towards your major, your liberal studies requirements or simply as a general elective. **If you would like a course to meet a major/minor or liberal studies requirement, please list the specific requirement you would like this course to meet.**

COURSE(S)

| Course Number | Course Name | I would like this course to Transfer... | | | *I would like this course to meet the following <u>specific Major/Minor or Liberal Studies</u> requirement. | For Office Use Only: |
|---------------|-------------|---|---------------------|----------------|---|----------------------|
| | | In My Major or Minor* | As Liberal Studies* | As An Elective | | |
| | | | | | | |
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DEPARTMENT CHAIR: _____
Signature

CHAIR'S SIGNATURE IS REQUIRED ONLY IF ONE OR MORE COURSES ARE IN YOUR MAJOR or MINOR.

REGISTRAR: _____
Signature

******BEFORE APPROVAL WILL BE GRANTED, YOU MUST ATTACH A COURSE DESCRIPTION FOR EACH COURSE THAT YOU WISH TO TAKE.**

CREDIT MAY BE GRANTED FOR A MAXIMUM OF 12 CREDITS PER SESSION FOR COURSES WITH A GRADE OF C- OR BETTER.

PLEASE RETURN THE COMPLETED FORM TO THE REGISTRAR'S OFFICE, FOUNDERS 112.