## Saint Michael's College GRADUATE PROGRAMS

## TRANSFER OF CREDIT

Student ID	Number	-		
	e counted toward the requirements for k the program in which you are enrolle	my grad	<i>lease print</i> ) am applying to tr uate program at Saint Micha	
	☐ Clinical Psychology	7	(Box 288)	
	☐ Education		(Box 281)	
	☐ TESOL		(Box 253)	
Course No.	Title	Credits	Institution's Name	Date Completed
Candidacy,  Please send: 1  program, I	e. Transfer credits will be recorded only in the program.  ) Completed form, 2) your official to Box (above), c/o Saint Michael's Colloski Park, Colchester, VT 05439.	ranscrip		
*Transcripts	must come directly from the institution to you	and remo	ain in the sealed envelope to be off	īcial.
Student sig	nature		Date	
Address _		Str	eet	
E-mail	City		State	ZIP
i iogiaili Di	irector Signature			Date
Advisor Sig	nature			Date