



**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 Chair of the Department overseeing the Program of Study (Program Chair).

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: _____

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) Chair Approval: This section is to be completed by the Program Chair after consultation with the Chair of the Department which houses the discipline in which the general credit was received (Core Chair)

Core Chair Determination: Name _____ Date _____

Core Chair Approve? Yes (forward to Program's Instructional Office)

No (student notified by Program's Chair, Date: _____)

Comments:

Program Chair's Signature: _____ Date: _____

B) Completed by Program's Instructional Office

Program's Instructional
Office Concurs:

Yes (forward to the Registrar and notify the student)

No (return to Program's Chair for student notification)

Comments:

Instructional Office Signature: _____ Date: _____

Copy sent to Registrar (by Program's Instructional Office if approved)

Written notification sent to student (by Program's Instructional Office if approved)