



TRANSFER CREDIT APPROVAL FORM

STUDENT NAME: _____ **ID #:** _____

I would like to request permission to take/transfer the course(s) listed below at:

(Transfer Institution)

Courses will be taken during (select appropriate term(s) and year):

☐ Fall 20 _____ ☐ Spring 20 _____ ☐ Summer 20 _____

Transfer Course(s):		Carthage Equivalent:
Course Code & Course Title:	Credits:	Course Code & Course Title:

Courses can transfer in for a maximum of 4 credits. However, if the course you plan to take is less than 4 credits at the other institution, you will receive only the number of credits earned at the other institution. Ex: A 3 credit course at another institution would result in 3 credits transferred back to Carthage.

Credit will not be awarded for a repeat course when a student has already earned credit for the course.

I understand in order for courses to count towards my graduation at Carthage, I must earn a grade of C- or better. I also understand only credits will transfer, grades will not. My Carthage GPA will not be affected by this work.

I understand it is my responsibility to order an official transcript from the Transfer Institution to be sent directly to Carthage. I also understand my academic record will not be updated until an official transcript is received by Carthage.

Student Signature: _____

Advisor Signature: _____

Approval Signatures: (*Signatures from Department Chairs are only needed for courses without previously established equivalencies. Please check the Transfer Equivalency Portal to view course equivalencies.* If you have courses from multiple departments that need approval, you will need more than one signature. Department chairs can send an email in lieu of a physical signature.)

Department Chair(s): _____

Registrar: _____

***Post Signature:** _____

*Post signature is only required for immersion students