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| **Course**  (*at other Institution*) | **Institution Transferring From** | **Number of credit hours** | **When taken/ grade received** | **PC equivalent course** | *Prerequisite (for office use*  *only)* |
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Name: \_

Phone #: Email:

Student Signature: Date:

**Office Use Only:**

Pre-Approval Signature: Date:

Post Class Approval Signature: Date:

Date Sent to Dean’s Office: From Dean’s Office to ES: