



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

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: