

Transfer Credit Approval Form

Name: _____ Student ID: _____

Social Security #: _____

Phone: _____ E-mail: _____

Degree Program: _____ Number of credits completed: _____

First Year and Term of Entrance at Capitol College: _____

Expected Graduation Date: _____
(Please note: you may not transfer any of the last 15 credits in your degree program. See catalog.)

College you wish to attend: _____

Year and Term at transfer college: _____

Course Equivalency Approvals *(please provide course descriptions with this form):*

Course Number	Course Title	Capitol College Equivalent	Departmental Signature for Equivalency Approval

I understand that even if the courses listed above are approved, I may not transfer more than 70 credits from two-year colleges, CLEP, AP, DANTES, military, or prior-learning experiences combined total. I further understand that transfer credits are contingent on successful completion of the courses with a 'C' or better and relevancy to my current degree program. I have read and reviewed these policies in the Capitol College catalog and understand the residency requirements.

Student's Signature: _____ Date: _____
It is the student's responsibility to uphold the above transfer standards.

This document will be held in the student's folder. Please have official transcripts sent to the Office of Registration and Records for transfer credits immediately following the completion of coursework.

Received by Registration and Records: _____ Date: _____