

APPLICATION FOR TRANSFER CREDIT

Name: _____ Date: _____

Student ID: _____ Total Credits Earned: _____

Please provide us with information about the Institution you have taken the course(s) at:

Name of Institution: _____ 2 Yr. or 4 Yr or Grad. (*circle one*)

Location: _____ Semester: _____ Year: _____

Please provide us with the course(s) information:

In order for a course to be eligible for transfer credit, the following criteria must be met:

- The course must be college level from an accredited institution.
- The course must be approved to cover a course needed for your program.
- An official transcript from the institution must be provided.
- Course descriptions from either a catalog or syllabus are helpful.
- Must earn a C- or better and assigned **letter grade**. (C for College Writing 2)

Student Signature: _____
*(**By signing this you are agreeing to the terms listed above**)*

Course Number/Title	Alliance University/ATS requirement met	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

There are limits to how many credits may be transferred in to complete a degree. Transfer credits for graduating students should be submitted and completed the semester before graduation.

Academic Advisor Approval: _____ Date: _____

PLEASE ATTACH COURSE DESCRIPTIONS FOR ALL CLASSES