

Last Name	First Name	MI	Student ID
Mailing Address			Campus Mailbox
City	State	Zip	ANTICIPATED DATE OF GRADUATION
Degree Program	Advisor	May _____ December _____	

ONLY COURSES COMPLETED AT APPROVED AND REGIONALLY ACCREDITED INSTITUTIONS WITH A GRADE OF "C" OR BETTER WILL BE ACCEPTED FOR TRANSFER. GRADES FOR TRANSFER COURSES DO NOT TRANSFER AND DO NOT BECOME PART OF THE CSC GPA.

INSTRUCTIONS

1. Complete one form for each course being taken.
2. PRIOR TO ENROLLING IN THE COURSE, submit the completed form, along with an official printed course description to the Registrar's Office.
3. UPON COMPLETION OF THE COURSE, have an official transcript sent directly to the Registrar's Office at Castleton State College.

TRANSFERRING COURSE INFORMATION

NAME OF INSTITUTION WHERE COURSE WILL BE TAKEN

ADDRESS

CITY STATE ZIP

COURSE NUMBER: _____ CREDITS: _____

COURSE TITLE: _____

Dates course will be taken: _____

CSC Equivalent Course Number: _____

CSC Title: _____

Do you intend to use this as a REQUIRED course or elective at CSC? Circle one: **REQUIRED** **ELECTIVE**

STUDENT: _____

Signature

Date

TRANSFER APPROVED BY:

Department Chairperson
In Course Discipline: _____

Signature

Date

Department Chairperson in
Student's Degree Program: _____

Signature

Date

Registrar's Office: _____

Signature

Date

Return this form to: Castleton State College
 Registrar's Office
 Woodruff Hall
 Castleton, VT 05735

REGISTRAR'S OFFICE USE ONLY:

Entered by: _____

Initials

Date