# Transfer Credit Pre-Approval Form

**Registrar’s Office**

**Transfer Credit Pre-Approval Form**

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<tr>
<th>Date</th>
<th>Student ID #</th>
<th>Semester (F, S, May Term)</th>
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<tr>
<th>Last name</th>
<th>First name</th>
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<th>Phone number/extension</th>
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Providence course for which transfer credit is requested: ___________________ (ex. ENG 101)

Transfer course title and number: ________________________

Accredited institution where the course will be taken:

__________________________________________________________

Please attach the other institution’s course description printout to this sheet or provide the web link of the college’s online catalog with the specific course:

__________________________________________________________

The registrar will notify you whether or not the course noted above will transfer and satisfy course requirement(s) at Providence Christian College. Prior approval is required in order for a course to transfer and meet the constraints of the parallel course at Providence. Do NOT register for a course you wish to transfer until you have the registrar’s approval.

_____________________________________    __________________
Registrar Signature                                                  Date

_____________________________________    __________________
Academic Dean Signature Date

* Please deliver to the registrar’s office prior to the transfer credit pre-approval deadline. Remember that you will also need to submit an official transcript from the institution where the course is taken before the transfer credit will be granted.