## **PETITION FOR TRANSFERRED CREDIT**

				ID#		Clas	s Year:		
	.ast	First	MI		A* *				
Fall Spring Full YearYear					Summer			Winter	
		transfer credit for courses		_	_			Teal	
rocen per		transfer erealt for educate.				, og. a ,			
Name of U.S	S. Institution,	Sponsoring U.S. Institution or P	of Foreign Institu	titution (if going abroad) City, Country					
_		nderstand the <b>Transferre</b> o				••	•		
				Is the course	To be completed by Department Chair, Program Director or Registrar only. *See back of form for instructions.				
Hamilton Dept.	Transfer Course #	Transfer Course Title		in-person, online or asyn- chronous?	Approved for General Trans. Cred.	Approved for Conc. or Minor	Course Level (Ex:100)	Equiv. Hamilton Course	
				[					
Advisor (P <b>Advisor sig</b> r		tes courses listed above have b	(Signature) been reviewed with st	udent and the c	ourses complem	Da ent student's a		gram.	
To be con	npleted by	Registrar:							
Probable	Hamilton l	Jnits:							
CAS Appro	oval					Date	<u></u>		

Final approval is granted when you receive an emailed copy of your Petition for Transferred Credit from the Committee on Academic Standing.



## **Transfer Course Approval Process**

