



Office of the Registrar
125 Michigan Avenue NE
Washington DC 20017
 202.884.9200 fax: 202.884.9210

Request to Take Course(s) at Another Institution

Please print clearly. This form is to be submitted before taking course(s) at another institution and serves to clarify for the student what transfer credit he or she may expect upon successful completion of the course(s) indicated. The student must provide course descriptions to his/her advisor and the relevant department chairperson in order to obtain approval. The student is responsible for submitting an official transcript of the coursework completed to the Office of the Registrar for final evaluation and posting of the transfer credit.

Student Name: (F) _____ (MI) _____ (L) _____

PC ID # or SSN: _____ School: CAS SPS EDU

Name of Institution: _____ Term: _____ Year: _____

I intend to take the following courses:

DEPT	CRS NO	COURSE TITLE

I would like to use these courses as transfer credit to fulfill the following major, minor or core requirements of my academic program:

Student Signature: _____ Date: ___/___/_____

Advisor Approval: _____ Date: ___/___/_____

Chairperson Approval: _____ Date: ___/___/_____

Please return the completed form (with all signatures) and the course descriptions to the Office of the Registrar.

Registrar Use Only: Date Received: _____ Entered by: _____ Date: _____