



Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
 202.884.9530 fax: 202.884.9524

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 indicated. If interested in taking a course through the Consortium cross-registration program, please obtain the Consortium Registration Request form. The student must provide a course description to his/her advisor before seeking approval. For CAS students, if this course is to be used for FLC requirements, or toward major or minor requirements, approval of the relevant department chairperson is also required. Upon completion of the course, the student is responsible for submitting an official transcript to the Enrollment Services Office for final evaluation of the transfer credit.

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

Student Name: (F) _____ (L) _____ PC ID# or SSN: _____

School: CAS SPS EDU Name of Advisor: _____

Institution where course(s) will be taken: _____ Semester: _____ Year: _____

| Courses to be taken at other institution | | | Trinity Equivalent* (to be completed by advisor) | | | Check Here if No Equivalent** |
|---|---------|--------------|---|---------|--------------|-------------------------------|
| Course ID | Credits | Course Title | Course ID | Credits | Course Title | |
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*Advisor/Dept. Chair: Please indicate above your recommendation for how this course will transfer to the student's Trinity degree program. The Office of Enrollment Services will determine final transfer credit after an official transcript is received.

**No direct Trinity equivalent. Any transfer credits awarded for this course will be elective credit. Note: electives may be used to satisfy major/ degree requirements with proper approval.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dept. Chair Signature (CAS students only): _____ Date: _____

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