



TRANSFER COURSE PERMISSION FORM

Complete and submit this form to the Registrar's Office **before** taking courses at a college other than Hood.

NAME: _____ ID#: _____ DATE: _____

MAJOR: _____ Expected Grad Date: _____

I am requesting permission to take courses at: _____ (Name of college or university)

during the following year/term: 20__ Fall Spring Winter (Max 6 credits) Summer (Max 12 overall)

Course Dates (1) Begin: _____ End: _____ # of Weeks: _____ Number of Credits: _____

Course Dates (2) Begin: _____ End: _____ # of Weeks: _____ Number of Credits: _____

Will these credits be part of the final 30 credit hours you are required to take at Hood? _____

Will you be taking any credits at Hood during the same time period or semester? If so, how many? _____

Total transfer credits earned to date _____ Total credits earned to date _____

Course #	Course Title	Course Dates 1 or 2	Credits #	Hood Equivalent	Elective, Core, or Major requirement	Department chair signature (only for major requirement)

Reason for Request: _____

Advisor Approval: _____ DATE: _____

Student Signature: _____ DATE: _____

**RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE
 FINAL APPROVAL FROM THE REGISTRAR IS REQUIRED BEFORE YOU REGISTER FOR THE COURSE.**

_____ **APPROVED** Credit(s) is added to the Hood record if a grade of "C-" or above is received. An official transcript must be sent to the Office of the Registrar upon completion of the course(s). No credit will be awarded for repeated courses.

_____ **NOT APPROVED:** Reason: _____

 Registrar

 Date

_____ Eligible for Exchange Program - CCC / HCC – Sem/Yr _____.	_____ Registrar
STUDENT SIGNATURE - Required to release transcript to Hood College upon course completion. <u>STUDENT - Present this form at registration for exchange program</u>	