

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:				Ехр	ected Grad Date			
I am reques	ting permission to tal	ke courses at	t:			((Name of college or university)	
Course Date	es (1) Begin:	D Fall Spring Winter (Max 6 credits) Summer (Max 12 End: # of Weeks: End: # of Weeks:				Number of Credits:		
Will these c	redits be taken during	g your <u>last</u> tv	vo semest	ers at Hoo	d?			
Will you be	taking any credits at	Hood during	the same	time perio	d or semester?	If so, how many?		
Total transfo	er credits earned to c	late	Total cr	edits earne	ed to date			
You can f	ind Hood equivalent	courses in Se	elf Service	under the	Planning tab and	d your total credit	ts on your unofficial transcript.	
Course # (ex. PSY 101)	Course Tit	le	Course Dates 1 or 2	# of Credits	Hood Equivalent (ex. PSY 101)	Elective, Core, or Major requirement	Department chair signature (only for major requirement)	
Reason for	Request:							
Advisor App	oroval:					D	ATE:	
Student Sig	nature:					D	ATE:	
	FINAL APPR					STRAR'S OFFICE RE YOU REGISTER	FOR THE COURSE.	
	APPROVED Credit(s) is added to the Hood record if a grade of "C-"or above be sent to the Office of the Registrar upon completion of the corepeated courses.							
	_ NOT APPROVED							
		Registrar				Date		
Eli	gible for Exchange Pro	ogram - CCC	/ HCC – Se	em/Yr	·		Registrar	
	STUDENT SIGNATU	RE - Require	d to relea	se transcri	pt to Hood Colle	ege upon course o	completion.	
		STUDE	NT - Preser	nt this form	at registration for	exchange program	<u>1</u>	