

**HOOD COLLEGE**  
**Office of the Registrar**  
**Transfer Course Permission Form**

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

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Expected Grad Date: \_\_\_\_\_ ID# \_\_\_\_\_  
 MAJOR: \_\_\_\_\_

I am requesting permission to take courses at: \_\_\_\_\_ (Name of college or university)  
 during the following term:  Fall  Spring  Winter  Summer 20\_\_\_\_.

Max 3.5 credits Max 1 credit more than number of weeks  
 Session Dates Begin: \_\_\_\_\_ End: \_\_\_\_\_ # of Weeks: \_\_\_\_\_ Number of Credits: \_\_\_\_\_  
 Session Dates Begin: \_\_\_\_\_ End: \_\_\_\_\_ # of Weeks: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Will these credits be part of the final 30 hours required at Hood? \_\_\_\_\_ If yes, you must complete the Petition to the Committee on Academic Standards & Policies form.

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 \_\_\_\_\_

<b>ELECTIVE CREDIT OR CORE REQUIREMENT</b>				
<b>Subject/Course #</b>	<b>Course Title</b>	<b># Credits</b>	<b>Elective (E) or Core (C)</b>	<b>If course is to fulfill a similar course at Hood, indicate Hood course #</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

  

<b>MAJOR ELECTIVE OR MAJOR REQUIREMENT</b>				
<b>Subject/Course #</b>	<b>Course Title</b>	<b># Credits</b>	<b>Hood College Equivalent?</b>	<b>Requires permission of the course department chair</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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
<b>STUDENT SIGNATURE - Required to release transcript to Hood College upon course completion.</b> <b><u>STUDENT - Present this form at registration for exchange program</u></b>	