



NAME: _____

ID #: _____

PRE-APPROVAL FOR TRANSFER COURSEWORK

Please provide the following information:

- 1) College or University name
- 2) Year and term of desired attendance
- 3) Course number(s) and title(s)
- 4) Credits (please indicate if they are quarter hours rather than semester hours)
- 5) Edgewood requirement(s) you wish to fulfill with the transfer course(s)
- 6) If you wish to fulfill a major requirement, you must obtain a departmental recommendation and the signature of your advisor or departmental chairperson.

NOTE:

- **Departmental recommendation does not mean the course is transferable. Final approval must be obtained from the Office of the Registrar.**
- **Incomplete forms will be returned unprocessed.**

Undergraduate Transfer Policies:

- Courses taken with grades of 'D' or lower do not transfer. (This includes grades of 'D+')
- Courses taken as pass/fail or for credit only do not transfer without official documentation from the institution verifying the P, S, CR, or similar grade is equivalent to a grade of 'C' or better.
- Departments determine if transfer courses fulfill major or minor requirements.
- Maximum number of credits that may be transferred from all combined coursework earned at two-year institutions = _____.
- Only credits from regionally accredited institutions will be accepted.
- Transfer course grades are not included in GPA at Edgewood College.
- Students are advised not to enroll at another institution during their final semester. Requirements at Edgewood College cannot be fulfilled by a transfer course until an official transcript is received. If transcripts are received after the degree posting dates (Jan 10, May 25, Aug 25), graduation will be delayed to the next posting date.

Student Information

 ADDRESS (STREET, CITY, STATE & ZIP)

 CAMPUS MAILBOX #

 COLLEGE/UNIVERSITY PLAN TO ATTEND

 YEAR AND TERM YOU WISH TO ATTEND ABOVE SCHOOL

 # OF CREDITS TRANSFERRED FROM TWO-YEAR INSTITUTIONS

Course Information

COURSE CATALOG #	TITLE	CREDITS	*MAJOR/MINOR COURSE YOU WISH TO FULFILL	FOUNDATION/TAG YOU WISH TO FULFILL	REGISTRAR APPROVAL

Signatures

 STUDENT SIGNATURE

 DATE

 *ADVISOR OR DEPARTMENT CHAIRPERSON SIGNATURE (if fulfilling departmental requirement)

 DATE

 OFFICE OF THE REGISTRAR APPROVAL

 DATE

Submit to: