



Request for Transfer Credit

www.tstc.edu

DATE: _____

Is this for graduation purpose only? Yes No

Student ID# _____ Program _____

Is student currently enrolled? Yes No

Student _____
(print) LAST NAME FIRST

If no, what was last term enrolled? _____ Term _____ Year

*** Use to transfer credit from another college
 Not for substitution of credit (see Transfer Credit form).**

COLLEGE _____				TSTC EQUIVALENT COURSES			APPROVAL - PROGRAM OFFERING COURSES
COURSE #	COURSE TITLE	GRADE	CR. HR.	COURSE #	COURSE TITLE	CR. HR.	PROGRAM SIGNATURE

1. Transfer credit will be awarded only when verified by OFFICIAL transcript.
2. This form, originated by the Major Program Chairman at the request of the student, must be forwarded to the Program Chairman offering the course and then filed in the Registrar's Office.
3. The course being substituted must have at least equivalent credit hours as the TSTC course.

Division Director/Program Chair approval: _____

Processed by: _____ Date: _____

DATE COMPLETED BY OAR: _____