

**TRANSIENT REQUEST FORM**

Name: \_\_\_\_\_ Major \_\_\_\_\_

When taking classes: \_\_\_\_\_

College attending: \_\_\_\_\_

Courses you will be taking

DC Equivalent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A grade of C or higher must be earned to receive transfer credit. A transcript should be sent to the Registrar after completion of the course.

\_\_\_\_\_  
Approved by Registrar

\_\_\_\_\_  
Date Approved

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