**Application for Transfer of Credit**

Student Name ____________________________________________  Student ID  R __ __ __ __ __ __ __ Date _____________

Student Address ____________________________________________________________________________________________

Telephone _____________________  Major ____________________  Option ________________ Term of Admission ____________

This form is to be used to request acceptance of course work completed at a non-regionally accredited institution.

Students seeking transfer credit must submit the following supporting documents for credit evaluation purposes:

1. Official transcript
2. Catalog [appropriate year(s) for course work completed]
3. Course syllabuses for each course to be reviewed

The following factors will determine the decisions concerning the acceptance of transfer work:

1. The educational quality of the institution from which credit was earned
2. The comparability of the nature, content and level of credit earned to that offered at RSCC
3. The appropriateness and applicability of the credit earned to the programs offered by RSCC with regard to the student’s educational goals

Evaluation material must be attached to this request form and submitted no later than 30 days prior to the term of admission in order to receive top priority. Credit may be awarded only after review and approval by the appropriate academic department. A course competency examination may be required as part of this process.

List all transfer courses within a department on one form. Use as many forms as needed.

<table>
<thead>
<tr>
<th>Transfer Institution:</th>
<th>City:</th>
<th>State/Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>Course No.</td>
<td>Transfer Course Title</td>
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<td><strong>Example:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art</td>
<td>101</td>
<td>PAINTING</td>
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Date Received in Records ______________________________  Received by _____________________  ADM Term ____________

TO BE COMPLETED BY AUTHORIZED DEPARTMENT PERSONNEL

To: _________________________________________________  Department: ___________________________________________

Please review this request for transfer credit and the attached material to make specific credit recommendations applicable to areas in your department. Please use the RSCC Equivalent Course area above to make recommendations. Use the space below for comments.

___________________________________________________________

I recommend: Approval ___________  Signed _________________________________  Date _________________

Denial ___________

Department Designee

I recommend: Approval ___________  Signed _________________________________  Date _________________

Denial ___________

Division Chair

RETURN THIS FORM TO THE OFFICE OF RECORDS AND REGISTRATION.

RSCC is a TBR and an AA/EEO institution RSCC Publication #13-008