



Transfer Credit Request Form

Please attach a copy of the description of each course that you wish to transfer from the other institution. No transfer credit will be granted WITHOUT prior approval by the Provost for course work offered at The University of Tennessee Southern. No deviations from this agreement will be accepted.

Please Type or Print.

Student Name: _____ **ID:** _____
Last name First Name Middle Name

Major: _____

Transfer Institution: _____

Semester of Enrollment at Transfer Institution: Fall Spring Summer **Year:** _____

Transfer Information:

UT Southern Course			Transfer Course		
Course Dept + Num	Course Title	Credit Hours	Course Dept + Num	Course Title	Credit Hours

Recommended: _____ **Date:** _____
Advisor

Approved: _____ **Date:** _____
Program Coordinator in Major Area

Approved: _____ **Date:** _____
Program Coordinator in Course Area (if applicable)

Approved: _____ **Date:** _____
Division Chair in Major Area

Approved: _____ **Date:** _____
Signature of Provost

Completed: _____ **Date:** _____
Signature of Registrar's Office