



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

Are any of these courses repeats of UTS courses? No Yes (specify which): _____

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