TRANSFER COURSE APPROVAL FORM (return to Registrar’s Office when complete)

Student’s Name: ____________________________________________________________

Major: ____________________  Advisor: ____________________

Date: ____________________

**Part 1. To be completed by the student**

I plan to enroll in ________________________________ (Course Number and Title) ________ (# of Credits) at ________________________________ (College or University) during the (check one) ____ summer  ____ fall  ____ spring of 20_____.

________________________________________________________________________

(Student’s Signature)

**Part 2. To be completed by the academic advisor if transfer credits will apply to major (not required for students transferring general education requirements or general elective credits)**

The course listed above will fulfill the following requirement in the student’s major:

________________________________________________________________________

(Milligan College Course Number and Title, if applicable) ________ (# of Credits)

________________________________________________________________________

(Advisor Signature)

**Part 3. To be completed by the Registrar or Associate Registrar**

The course listed above will fulfill the following degree requirement:

________________________________________________________________________

(Milligan College Course Number and Title, if applicable) ________ (# of Credits)

_____ General Education Requirement  _____ Minor requirement

_____ Major requirement  _____ Elective requirement

_____ Teacher licensure requirement

________________________________________________________________________

(Registrar Signature)

*MILLIGAN GRANTS TRANSFER CREDIT FOR COURSES PASSED WITH A GRADE OF C- OR HIGHER.*

*ONLINE SCIENCE LABS WILL NOT FULFILL THE LAB SCIENCE GENERAL EDUCATION REQUIREMENT.*

*AFTER ENROLLING AT MILLIGAN, STUDENTS MAY NOT TRANSFER CREDITS TO FULFILL THE REQUIREMENTS FOR BIBL 123/124, COMP 111/211, and HUMN 101/102/201/202.*