PETITION FOR TRANSFERRED CREDIT

Name:				ID#		Clas	s Year:		
	ast	First	MI						
Concentra	ition*			N	/linor*				
Fall		Spring	Spring Full Year		Summer		Winter		
							Year		
i seek peri	mission to	transfer credit for cours	es from the folio	wing 🔛 U.S. ins	stitution or	Program At	road:		
Name of U.S. Institution/Sponsoring U.S. Institution or Program Name of Foreign Institution (if going abroad) City, Country									
□I have r	ead and u	nderstand the Transferr	ed Credit Policie	s for Matriculate	ad Hamilton S	tudents (no	licy is four	nd in the	
		AFTER ENROLLMENT sec				••	•		
					To be completed by Department Chair, Program Director or Registrar only. *See back of form for instructions.				
				Is the course					
				in-person, online or	Approved	Approved	Course	Equiv.	
Hamilton	Transfer			asyn-	for General	for Conc.	Level	Hamilton	
Dept.	Course #	Transfer Co	urse Title	chronous?	Trans. Cred.	or Minor	(Ex:100)	Course	
Advisor (Print)Date									
Advisor signature indicates courses listed above have been reviewed with student and the courses complement student's academic program.									
To be completed by Registrar:									
Probable Hamilton Units:									
CAS Approval Date									
Tracking									

Final approval is granted when you receive an emailed copy of your Petition for Transferred Credit from the Committee on Academic Standing.



Transfer Course Approval Process

