Undergraduate
Transfer Credit Pre-Approval Form
Springfield College

(Available for matriculated students only.)

Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530

Student Name: _____ **Student I.D. :** _____
Current Address: _____ **Current Phone:** _____
_____ **Campus Box #:** _____
_____

Major/Program of Study: _____ **Advisor:** _____
Semester/Year Matriculated: _____ **Expected Date of Graduation:** _____

DESCRIPTION OF COURSE(S) MUST ACCOMPANY THIS FORM : Course(s) must be taken at a regionally accredited institution of higher education. Maximum of 60 credits may be accepted for transfer (72 credits in the School of Human Services). Course(s) must be taken for letter graded, college credit/minimum grade of "C-" required. Grades received are not indicated on the SC record. May not receive duplicate credit for a course already taken. It is the student's responsibility to ensure all criteria are met prior to registering for the course(s).

Credit Hours Completed To Date: _____ **# of Transfer Credits previously awarded:** _____

Course(s) to be taken:

College/Univ: _____ **Sem/Year:** _____
Dept: _____ **Course #:** _____ **Title:** _____ **Credits:** _____
Course taken for (Circle One)**: MAJOR REQUIREMENT / MAJOR SELECTIVE / GEN ED / ELECTIVE**
(OFFICE USE ONLY) **Comments:** _____
_____ **SC Course Equivalency:** _____

College/Univ: _____ **Sem/Year:** _____
Dept: _____ **Course #:** _____ **Title:** _____ **Credits:** _____
Course taken for (Circle One)**: MAJOR REQUIREMENT / MAJOR SELECTIVE / GEN ED / ELECTIVE**
(OFFICE USE ONLY) **Comments:** _____
_____ **SC Course Equivalency:** _____

College/Univ: _____ **Sem/Year:** _____
Dept: _____ **Course #:** _____ **Title:** _____ **Credits:** _____
Course taken for (Circle One)**: MAJOR REQUIREMENT / MAJOR SELECTIVE / GEN ED / ELECTIVE**
(OFFICE USE ONLY) **Comments:** _____
_____ **SC Course Equivalency:** _____

_____ _____ _____ _____
Student Signature **Date** **Advisor's Signature** **Date**

_____ _____ _____ _____
Dept. Chair Signature **Date** **Registrar's Signature** **Date**
(Major requirements only)