



Records and Registration
 126 Tillman Hall
 Rock Hill, South Carolina 29733

APPROVAL TO TRANSFER CREDIT

Major: _____

TO BE COMPLETED BY STUDENT:

_____ *Student Number*

_____ *Name: Last First Middle*

Phone number _____ *E-mail address* _____

I request permission to enroll in courses listed below in the _____ at _____
Semester or Session/Year
Name of Institution

Permission to take the course(s) listed below does not waive the residence requirement at Winthrop. It is the student's responsibility to request that the Registrar of the visited institution send to Winthrop's Records and Registration office a transcript of courses completed.

Transfer coursework will not replace the grade of coursework previously taken at Winthrop.

Transfer coursework is not used in computing grade point average at Winthrop. However, transfer coursework is used in computing eligibility for academic honors and the LIFE scholarship.

Are you within 31 hours of completing degree requirements at Winthrop? Yes No

Signed: _____ Date: _____

TO BE COMPLETED BY STUDENT ADVISEMENT COORDINATOR:

	Course(s) Desired	Equivalent Course(s) at Winthrop
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

A minimum of 31 semester hours of course credit must be taken in residence at Winthrop within five calendar years preceding the date the degree is granted. A maximum of 65 semester hours from a two year college may be applied toward a baccalaureate degree program at Winthrop.

Approved:

Dean/Authorized Officer _____ Date: _____

College _____

This approval is valid only if the student is eligible to continue at Winthrop during the same session for which permission is given to take courses at another institution.

This permission will take the place of Dean's signature on the application form of the school from which you plan to transfer credit.

Provide Copies of this completed form to Academic Records; Visited Institution; Adviser and Student.