TALLADEGA COLLEGE:

Department of Computer Science, 627 West Battle Street, Talladega College, AL 35160,
TEL 256-761-6313, FAX 256-362-2268

REQUEST FOR TRANSFER OF GRADUATE CREDIT

NOTE: Upon submission of this completed form to the Registrar Office, the transcript(s) and evaluation forms for transfer of credit will be sent to your department. Evaluation of credit for transfer will not be completed until the student is enrolled in the Graduate program at Talladega College. Consideration of credit does not guarantee its transfer. Credit will not be accepted from any institution at which the student failed to achieve an overall "B" average on all graduate work attempted. Only courses in which a student earned a "B" grade or better may be transferred.

PART I: Student Information

Date: _____

Name: _____ SID: _____
(Last) (First) (Middle)

E-mail: _____

Current Mailing Address: _____

Are you presently enrolled? _____ If not, give last date enrolled: _____

Expected Enrollment Date: _____

Major Department: _____ Degree toward which you are working: _____
(Master's)

PART II: Institution List

Institution(s) from which credit is to be transferred:

Institution Name	Date Credit Earned

Has transcript from school(s) listed been sent to Registrar's Office?
_____ official copy must be sent to:

Registrar's Office Talladega
College 627 West Battle Street
Talladega, AL 35160

PART III: Courses for Transfer Request

List courses suggested for transfer. Approval of Provost/V.P. for Academic Affair, Division Dean, and department chair required.

Course Name & Number	Course Name & Number	Course Name & Number

PART IV: Approval:

Department Chair: _____ Date:_____

Division Dean:_____ Date:_____

Provost/V.P. for Academic Affairs:_____ Date:_____