



TRANSFER STUDIO COURSES CREDIT APPROVAL FORM

YOU MUST HAVE YOUR MAJOR DEPARTMENT CHAIR SIGN THIS FORM

Student Name: _____ Date: _____

The College/University you plan to attend: _____

The Semester you plan to register for: _____

****Note – Include course description from college catalog with this form!**

List the courses you plan to register for at your foreign institution:

Institution Course Code	Course Title	Number of Credits

OFFICE USE ONLY

To be filled out by the department chair, or mobility coordinator.

College for Creative Studies course placement of the above courses:

CCS Course Code	Course Title	Number of Credits

Department Chair's Signature

Date

Transfer credit is awarded with a 'C' grade or higher as the final mark, and with official transcripts