

**Department of Education
Non-Degree Alternate Certification**

TRANSFER COURSE APPROVAL FORM

Permission is granted for _____
(Student's Name)
to transfer the following course (s) from:

University	City	State
Transfer Course Name & Number	Course Title	Tech Dept. & Course Number

1. _____
2. _____
3. _____

❖ It is the student's responsibility to furnish an official transcript and a catalog description of the requested transfer course (s).

REQUESTED by: _____ Date: _____
Student Signature

APPROVAL SIGNATURES:

Advisor: _____ Date: _____

Department Head: _____ Date: _____

Dean of College
of Education: _____ Date: _____

NOTE: Non-Master's students may transfer in a maximum of 9 semester hours with the approval of the advisor, department head, and dean of the college if the course (s) parallel program requirements.