

CREDIT TRANSFER AGREEMENT FORM

Please provide course descriptions and/or copies of catalogs from the institution (s) for transfer credit to be articulated. Please be advised that your course equivalencies will take at least 10-15 working days for processing. Each College / Department has to evaluate each transfer course.

PLEASE PRINT

Date SS#				E	E-Mail		
					Major		
Address							
City				State		Zip	
Name of Col	lege/Universit	у					
Course(s) to	be taken at tra	ansient institution / Sou	thern Univ	ersity equiva	lent course(s)		
COURSE PREFIX	COURSE NO.	COURSE TITLE	HRS.	COURSE PREFIX	COURSE NO.	COURSE TITLE	HRS.
*Semester h	ours will trans	fer equality.					
Course that a	are equivalent	to or substitute for cours	se at South	nern Universit	ty will transfer	as long as the transient	institution
is accredited	, and you have	e received prior permissi	on from th	he appropriat	te department	t to take the courses as	a transien
student. Gr	ades and qua	lity point earned in the	se course:	s will be figu	red in the Cu	imulative Grade Point	Average at
	iversity. It is	your responsibility at the	e end of t	he term to re	equest an offic	cial transcript be sent t	o Southerr
University.							
Student's Signature Dat			ate Academ		Advisor/Counselor		
C-11/C-b1		-					