



Office of the Registrar  
**HENDRIX COLLEGE**

**Request for Approval of Transfer Credit**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Major: \_\_\_\_\_ Classification: \_\_\_\_\_

Permission is requested to transfer credit for the following courses to be taken at:

\_\_\_\_\_ College/University.

The course(s) will be taken during \_\_\_\_\_ Semester, \_\_\_\_\_ (year).

Transfer Course Title			
Dept & Number		Semester Hours	
Proposed to meet this requirement			
(Office use only) Approved / Declined			

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Dept & Number		Semester Hours	
Proposed to meet this requirement			
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Proposed to meet this requirement			
(Office use only) Approved / Declined			

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date