

PETITION TO TRANSFER COURSES

Ecclesia College

Undergraduate Students Only

Name: _____ I.D. #: _____

Major: _____ Phone #: _____

Address _____ City: _____ State: _____ Zip: _____

Name of transfer school: _____

City: _____ State: _____

Title of transfer course: _____

Date you first enrolled at EC: _____

When WAS or when WILL transfer course be taken? _____

Requesting credit for the following EC course: _____

Classification: freshman sophomore junior senior

Course Description: Please indicate additional information such as type and frequency of assignments, papers and tests, the number of study hours required per week, the number of class hours, textbooks and their authors, etc. (Attach another page if needed.) Syllabus and/or catalog description can be attached.

Student's signature: _____ Date: _____

FOR OFFICE USE ONLY

- I accept the above course for elective credit only (providing a grade of C or better is earned).
- I accept the above course as fulfilling an EC requirement (providing a grade of C or better is earned) as stated below:

_____	_____
Course #	EC course title
_____	_____
Chair of Department in which course is offered	Date
_____	_____
Registrar	Date

Note: All students are required to complete their last 30 hours at EC.