

Application for Approval of Transfer Credit

Students already enrolled in Emory & Henry who wish to take coursework at other institutions **must** seek advance approval from the faculty advisor, the chair of the department in which the course falls, and the Dean of Faculty or Registrar. Such applications, especially for courses to meet general education requirements or requirements for the major, minor, or contextual and support area, should be made only in **exceptional** circumstances and for convincing **academic** reasons. The chair of the department involved may specify that following the completion of a course at another institution, transfer of credit is contingent upon satisfactory completion of a departmental examination at Emory & Henry College.

The Committee on Academic Standards serves as a board of appeals for proposals which do not receive approval from any of the above academic officers.

Students are not permitted to transfer courses to Emory & Henry College if those courses are taken concurrently with enrollment at the college, except with prior approval by the Dean of Faculty. The college's limits with respect to course load apply also to courses taken at other schools, or at any combination of schools.

If the student requesting transfer credit is within 33 credits of graduating from Emory & Henry, a signature from the Dean of Faculty is required to waive the residency requirement.

The student is responsible for seeing that the transcript is forwarded to the Registrar's Office. The mailing address for the Registrar's Office is Registrar's Office, Emory & Henry College, PO Box 947, Emory, Virginia 24327.

Student Name: _____ Student ID: _____

Anticipated Graduation Date: _____ Within 33 semester hours of graduating: Y N

List course(s) for which approval is requested:

Other Institution Course Number	Credit Hours	Course Title	E&H course equivalent	Signature of E&H Department Chair

School at which courses will be taken: _____

School Address: _____

Dates of Enrollment: _____ Term of Enrollment: _____

Reason for Request:

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Approval of Dean of Faculty: _____ Date: _____

For Registrar's Office Use:

Registered: Yes No

Number of Hours registered for: _____

Date Entered/Initials: _____