HOOD COLLEGE  
Office of the Registrar  
Transfer Course Permission Form  
Complete and submit this form to the Registrar’s Office before taking courses at a college other than Hood.  
DATE: ______________________

NAME: ___________________________________ Expected Grad Date: __________ ID# __________

MAJOR: __________________________________

I am requesting permission to take courses at: ___________________________________ (Name of college or university) 
during the following term:  ☐ Fall  ☐ Spring  ☐ Winter  ☐ Summer  20 __________.

Max 3.5 credits Max 1 credit more than number of weeks

Session Dates Begin: __________ End: __________ # of Weeks: ________ Number of Credits: ________

Session Dates Begin: __________ End: __________ # of Weeks: ________ Number of Credits: ________

Will these credits be part of the final 30 hours required at Hood? __________

Will you be taking any credits at Hood during the same time period or semester? If so, how many? __________

Total transfer credits earned to date ________. Total credits earned to date ________.  

ELECTIVE CREDIT OR CORE REQUIREMENT

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Course Title</th>
<th># Credits</th>
<th>Elective (E) or Core (C)</th>
<th>If course is to fulfill a similar course at Hood, indicate Hood course #</th>
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MAJOR ELECTIVE OR MAJOR REQUIREMENT

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Course Title</th>
<th># Credits</th>
<th>Hood College Equivalent?</th>
<th>Requires permission of the major department chair</th>
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Reason for Request: __________________________________________

Advisor Approval: __________________________________________ DATE: ______________________

Student Signature: ______________________________________ DATE: ______________________

RETURN COMPLETED FORM TO THE REGISTRAR’S OFFICE  
FINAL APPROVAL FROM THE REGISTRAR IS REQUIRED BEFORE YOU REGISTER FOR THE COURSE.

_______ APPROVED  Credit(s) is added to the Hood record if a grade of “C-“ or above is received. An official transcript must be sent to the Office of the Registrar upon completion of the course(s). No credit will be awarded for repeated courses.

_______ NOT APPROVED: Reason: ________________________________________________

Registrar __________________________ Date __________________________

Eligible for Exchange Program - CCC / HCC – Sem/Yr __________. __________________________ Registrar

STUDENT SIGNATURE - Required to release transcript to Hood College upon course completion.  
STUDENT - Present this form at registration for exchange program

Revised 08/30/2017  
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