**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  

Max 3.5 credits  
Max 1 credit more than number of weeks

<table>
<thead>
<tr>
<th>Session Dates Begin:</th>
<th>Session Dates End:</th>
<th># of Weeks:</th>
<th>Number of Credits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________</td>
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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 ________

<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>
</tr>
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</table>

**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>
</tr>
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Reason for Request: ___________________________

Advisor Approval: ___________________________  
**DATE:** ___________________________

Student Signature: ___________________________  
**DATE:** ___________________________

Athletes/Signature of Athletic Dept Required: ___________________________  
**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