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: ___________

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 – UPPER LEVEL CIVILIZATION CORE MUST BE TAKEN AT HOOD**

<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>
</thead>
<tbody>
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**MAJORS 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>
</thead>
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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

S:\\SHARED\FORMS\Web Site\Transfer course

Revised 10/10