

Instructions To the Student

- Fill out the form completely.
- If sent via email attachment from a @randolphcollege account, ink signatures are not necessary, BUT:
 - Using the drop-down menus, indicate on each signature line how advisor and/or instructor permissions will be sent.
 - If advisor and/or instructor permission(s) are to be sent via email, be sure to send them copies of the form and request those permissions.

TRANSFER OF CREDIT APPROVAL FORM

NOTE: For Study Abroad, please use the *Affiliated or Unaffiliated Credit Approval Form*, as applicable

STUDENT'S NAME: _____ **Student ID:** _____
(Last) (First) (Middle Initial)

*****GRAD YR:** _____ *****GRAD MONTH:** _____

DATES OF STUDY: _____ Fall Sem. or _____ Spring Sem. or _____ Summer Sem.
(Year) (Year) (Year)

Host Institution: _____

Host Institution's Location (city, state, country): _____

Host Institution's Unit of Credit: _____ Quarter Hours _____ Semester Hours (Randolph College uses) _____ Units

Host Institution's Course Delivery Format: _____ Face-to-Face(Classroom) _____ Online(Web-based) _____ Combination

Courses Planning to Take (**ATTACH COURSE DESCRIPTIONS**):

Dept.	Course #	Course Title	Credit Value	Randolph College Requirement to be Fulfilled*	Department Approval**
-------	----------	--------------	--------------	---	-----------------------

* Please indicate whether the course fulfills a major or minor requirement (list the department and major/minor), General Education requirement (indicate which category of Gen Ed), or elective credit only. If applicable, indicate the equivalent Randolph College course. Unless the course is part of an affiliated program, grades do not transfer.
**Departmental approval is required for a course to fulfill a major or minor requirement.

Signature of Student Date

Name of Faculty Advisor 1

Signature of Faculty Advisor 1 Date

Signature of Registrar Date

Is this an affiliated program? __ Yes __ No
(If yes, grades transfer and are included in the Randolph College academic average.)

***** Are you taking the listed course(s) in the term you intend to graduate? Yes or No (Check One).**

If yes, please read and initial: I acknowledge that I cannot participate in commencement or graduate if Randolph College has not received an official transcript by Randolph's grade deadline for seniors. _____

Submitting Physically

Return this form to the Office of the Registrar in Main Hall
or by mail to Randolph College Registrar's Office,
2500 Rivermont Avenue, Lynchburg, VA 24503;
or by fax to: (434) 947-8873.

Submitting as a PDF Email Attachment

Electronic submission of this form from your @randolphcollege
email account constitutes the equivalent of your signature.
Faculty and/or advisor approvals may arrive separately
from @randolphcollege email accounts only.