

Office of the Registrar Ochre Court, Room 203 100 Ochre Point Avenue Newport, RI 02840-4192 Tel: 401-341-2943 * Fax: 401-341-2996 sruregistrar@salve.edu

Date: _____

TRANSFER CREDIT APPROVAL

TRANSPER OREDIT ALTROVAL	
Student Name:	Student ID:
Academic Level:	Major(s):
TRANSFER CREDIT APPROVAL CRITERIA	
Students may complete a maximum of three courses at other institutions after enrolling at Salve Regina.	
 Courses must be taken at regionally accredited colleges and universities 	
 Courses must be completed with grades of C or higher (Grades of C- or lower, "P", or "S" are nontransferable). 	
Courses must be pre-approved by applicable d	epartment chairpersons or program directors.
STUDENT RESPONSIBILITIES	
 Students with special learning needs must access reasonable accommodations, if applicable. 	
 Students must request official transcripts be forwarded to the Office of the Registrar upon 	
completion of the course.	
COURSE INFORMATION	
Complete this section with information from the visiting institution. Attach a course description from website, catalog, or other institution publication.	
Indicate number of courses, including this one, taken off campus: $\Box 1 \Box 2 \Box 3$	
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Course Code: Title:	
Number of Credits: Semester: □ Fa	all □ Winter □ Spring □ Summer
College/University:	
Equivalent Salve Course:	
ACKNOWLEDGEMENT	
Department Chair/Program Director Signature:	
Date:	
Student Signature:	