

Date: _____

TRANSFER CREDIT APPROVAL

Student Name:	Student ID:
Academic Level:	Major(s):
TF	ANSFER CREDIT APPROVAL CRITERIA
Students may complete a n	naximum of three courses at other institutions after enrolling at Salve Regina.
Courses must be taken at regionally accredited colleges and universities	
	pleted with grades of C or higher (Grades of C- or lower, "P", or "S" are
•	approved by applicable department 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 cou	
	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	s, including this one, taken off campus: □ 1 □ 2 □ 3
Course Code:	Title:
Number of Credits:	Semester: □ Fall □ Winter □ Spring □ Summer
College/University:	
Equivalent Salve Course: _	
ACKNOWLEDGEMENT	
Department Chair/Program Director Signature:	
Date:	_
Student Signature:	