



Transfer Credit Pre-Approval Form Springfield College

(Available for matriculated students only.)

Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530

Student Name: _____
Current Address: _____

Student I.D. : _____
Current Phone: _____
Campus Box #: _____

Major/Program of Study: _____ Advisor: _____
Semester/Year Matriculated: _____ Expected Date of Graduation: _____

DESCRIPTION OF COURSE(S) MUST ACCOMPANY THIS FORM: Course(s) must be taken at a regionally accredited institution of higher education. Maximum of 70 credits may be accepted for transfer. Course(s) must be taken for letter graded, college credit/minimum grade of "C-" required. Grades received are not indicated on the SC record. May not receive duplicate credit for a course already taken. It is the student's responsibility to ensure all criteria are met prior to registering for the course(s).

Credit Hours Completed To Date: _____ # of Transfer Credits previously awarded: _____

Course(s) to be taken:

College/Univ: _____	Sem/Year: _____
Dept: _____ Course #: _____ Title: _____	Credits: _____
Course taken for (Circle One): MAJOR REQUIREMENT / MAJOR SELECTIVE / GEN ED / ELECTIVE	
(OFFICE USE ONLY) Comments: _____	
_____ SC Course Equivalency: _____	

College/Univ: _____	Sem/Year: _____
Dept: _____ Course #: _____ Title: _____	Credits: _____
Course taken for (Circle One): MAJOR REQUIREMENT / MAJOR SELECTIVE / GEN ED / ELECTIVE	
(OFFICE USE ONLY) Comments: _____	
_____ SC Course Equivalency: _____	

College/Univ: _____	Sem/Year: _____
Dept: _____ Course #: _____ Title: _____	Credits: _____
Course taken for (Circle One): MAJOR REQUIREMENT / MAJOR SELECTIVE / GEN ED / ELECTIVE	
(OFFICE USE ONLY) Comments: _____	
_____ SC Course Equivalency: _____	

Student Signature Date

Advisor's Signature Date

Dept. Chair Signature Date
(Major requirements only)

Registrar's Signature Date