

ALICE LLOYD COLLEGE
TRANSFER CREDIT REQUEST

Name: _____ Date: _____

ID Number: _____ Requested for _____ Semester of _____ Year

School Planning to Attend: _____

List of Courses:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

Credit Toward Major: _____ Credit Toward Graduation: _____

Have you been granted previous requests? _____

Number of Hours Transferred To Alice Lloyd College: _____

Number of Hours Transferred Since Attending ALC: _____

Declared Major: _____

Student Date _____

Advisor Date _____

Division or Department Chairperson Date _____

Academic Dean Date _____

Registrar Date _____

PLEASE ATTACH A COURSE DESCRIPTION OF COURSE(S) TO BE TAKEN.