NORTH CAROLINA CENTRAL UNIVERSITY PERMISSION TO TAKE A COURSE(S) AT ANOTHER INSTITUTION

In seeking approval of this request to register for the course(s) indicated below while a matriculating student at North Carolina Central University, I acknowledge the fact that **transfer credits may not be granted without prior approval**. I understand that transfer credits have no effect on the NCCU grade point average, but that the grade of "C" or better is required before credits will be given, provided that the institution from which credits are being transferred is accredited by its regional accrediting agency and/or its State Department of Education. I also understand that an **official** transcript must be submitted to the NCCU Office of the Registrar (1801 Fayetteville Street, Room 102 Hoey Administration Building, Durham, NC 27707) after completing the approved course(s). (*Please attach course description(s) from the other institution to this form.*)

| Date | STUDENT'S | SIGNATURE | | | |
|---------------------------------|----------------|--------------------|-------------|-------------------|--|
| NAME | | ID# 820- | | | |
| MAJOR | | ARE YOU A VETERAN? | Yes □ |] No □ | |
| LOCAL ADDRESS | | | | | |
| LOCAL PHONE NUM | MBER | | | | |
| OTHER COLLEGE/U | NIVERSITY | | | | |
| | Course Code | Title | Cr. Hrs. | Semester Taken | |
| Transfer Course | | | | | |
| NCCU Equivalent Course | | | | | |
| Transfer Course | | | | | |
| NCCU Equivalent Course | | | | | |
| Transfer Course | | | | | |
| NCCU Equivalent Course | | | | | |
| Approval Signatures R | equired: | | | | |
| Academic Advisor (Please print) | | Signature | Da | Date | |
| Department Chair (Please print) | | Signature | Da | Date | |
| Department Dean (Please print) | | Signature | Da | Date | |