

Date: _____

TRANSFER CREDIT APPROVAL

Student Name:	Student ID:
Academic Level:	Major(s):
TR	ANSFER CREDIT APPROVAL CRITERIA
Students may complete a m	aximum 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 I 	earning needs must access reasonable accommodations, if applicable.
Students must request official transcripts be forwarded to the Office of the Registrar upon	
completion of the cour	
p	
	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: □ 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:	