Bennett COLLEGE

Education for your future. Sisterhood for life.

TRANSIENT STUDENT/TRANSFER CREDIT

For Registrar Use Only
Processed by/Date _____ ____
Accreditation _____

INSTITUTION: _____ **CITY, STATE:** _____

This completed form authorizes _____ **ID#** _____ **who is a student at Bennett College to take the following course(s) at your institution. During the semester/year:** _____

TRANSIENT COURSE (S)			**Bennett College Course (s)**			Is this course to repeat course previously taken at Bennett College with a Final Grade less than D?	Course Department Chair's Signature
Course Prefix	**Course Title**	**Credit Hours**	**Course Prefix**	**Course Title**	**Credit Hours**	**Y/N**	

ATTENTION STUDENT:

- **Seven (7) is the Maximum Number Credit Hours for Transfer during the summer**
- **Attach Course Description and Syllabus for the Transient Course (s)**
- **Course Department Chair's and Advisor's Signature**
- **After completion of the above course(s), you are required to request an official transcript from the named institution and forward to the Office of the Registrar of Bennett College within four (4) weeks after the final grade posts at the visiting institution.**

IMPORTANT: LAST DAY OF CLASS FOR THE NAMED INSTITUTION: _____

MAJOR ADVISOR'S SIGNATURE: _____ **DATE** _____

PROVOST'S SIGNATURE: _____ **DATE** _____

Revised 2017.07.05 GMA