



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 _____