

**SAINT JOSEPH'S COLLEGE
REQUEST FOR ACCEPTANCE OF CREDIT FROM ANOTHER INSTITUTION**

STUDENT ID# _____ DATE _____ TERM _____

NAME _____ CLASS YEAR _____

ADDRESS _____ MAJOR1 _____ MAJOR2 _____

_____ MINOR1 _____ MINOR2 _____

PHONE (____) _____ EXPECTED GRADUATION DATE _____

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY ATTENDING:

_____ Date of Attendance _____

COURSE #	COURSE TITLE	CREDITS	SJC COURSE #	SIGNATURE OF DEPT CHAIR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Fill in student information, school attending and numbers, titles and credits of courses for which you are requesting credit.
2. Take form to each SJC department chair under which the course would be listed, along with course descriptions.
DEPARTMENT CHAIR: If approved, fill in SJC equivalent Course and sign.
3. Student returns form to the Registrar's Office.
4. When the course is completed, have an official transcript sent directly from the other institution to:
Saint Joseph's College, Office of the Registrar, PO Box 929, Rensselaer, IN 47978

***Notes:** The student is responsible for moving this form from office to office. Transfer credit will not be accepted for current students without this form. A grade of "C-" or better is required for acceptance of credit. If a grade of "C-" or higher is earned, the course title and the credit hours, but not the grade or quality points, will become part of the student's official academic record at Saint Joseph's College. Transfer work has no affect on your GPA unless you are repeating a course in which you received a grade below "C-".

FOR OFFICE USE ONLY	
_____ Computer	_____ Transcript