



Request to Take Courses at an Accredited College

Name _____ CCM ID _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ CCM Email _____@student.ccm.edu

Program of Study _____

Please submit completed approval form **prior** to registering at another college. If the form is submitted after the course is taken, transfer of credits is not guaranteed.

Name of college where course(s) will be taken: _____

Semester Start Date _____ Semester End Date _____

| Course ID | Course Title | Credits | CCM Course Equivalent <i>(For office use only)</i> |
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- Student must submit an official copy of their transcript to the CCM Records and Registration Office once the grade has been posted.
- Courses must be applicable to your program of study at CCM.
- Grade of D or better on a 4.0 scale is required in order to receive transfer credits of approved courses. In certain cases a C grade is required. Please become familiar with the requirements of your major.
- Courses accepted in transfer will have no effect on your CCM GPA, as only the credits will transfer, not the grade.

Student Signature _____ Date _____

Approved _____ Not Approved _____

Rec and Reg Signature _____ Date _____