

Office of the Registrar
101 Jernigan
1900 Selwyn Avenue
Charlotte, NC 28274
704-337-2242 / 704-337-2218 (fax)

Undergraduate Transfer Credit Approval Form

Student Name (Please Print): _____ ID#: _____
Last Name First Middle

Name of Host Institution City State

- This completed form must be submitted to the Office of the Registrar at Queens prior to registering at the host institution.
- Students should be sure they meet the residency requirements at Queens (45 hours must be completed at Queens).
- **Students are required to take their last thirty (30) hours at Queens. If this request is to take course(s) during these last 30 hours, Student Qualifications Committee (SQC) approval is required.**
- No more than 64 credits hours from a two-year institution will be applied towards hours required to graduate.
- To be eligible for transfer, a student must earn a grade of "C-" or higher in the course.
- The student is responsible for requesting an official transcript be sent to Queens upon completion of the course(s).

TERM AND YEAR COURSE TO BE TAKEN AT HOST INSTITUTION: _____

COURSE TO BE TRANSFERRED: _____
Course Prefix / Course # Course Title Sem / Qtr Hrs

QUEENS EQUIVALENT: _____
Course Prefix / Course # Course Title Sem / Qtr Hrs

____ Approve ____ Deny _____
Queens Department Chair: **Please print and sign your name** Date

TERM AND YEAR COURSE TO BE TAKEN AT HOST INSTITUTION: _____

COURSE TO BE TRANSFERRED: _____
Course Prefix / Course # Course Title Sem / Qtr Hrs

QUEENS EQUIVALENT: _____
Course Prefix / Course # Course Title Sem / Qtr Hrs

____ Approve ____ Deny _____
Queens Department Chair: **Please print and sign your name** Date

Advisor Signature Date Student Signature Date

It is the student's responsibility to provide a copy of this form to the host institution, if required.

This student is in good standing at Queens University of Charlotte and has permission to register for the above listed course(s).

Registrar's Office Representative, Queens University of Charlotte Date