



Acknowledgement of Transfer Credit

Date: _____ / _____ / _____

Student Name:

_____ (Last) _____ (First) _____ (MI) _____ (Maiden)

Date of Birth: _____

Program:

BSN RT RES BSHS MSN

College/University where course was completed: _____

(Fill out a separate form for each institution)

Department General (i.e. PSY for Psychology)	Course ID Specific # (i.e. 215)	Type of Course Lec=Lecture Lab=Lab LL=Lec & Lab	Credits Specific # (i.e. 3) ¼ hr. X .67	Course Title Specific Course Name as listed on the transcript (i.e. Introduction to Phil.)	Course Name & ID Equivalence TC (Trinity College)

(Reviewer's Signature) Date: _____ / _____ / _____

Registrar:

_____ Entered into CAMS