Year: _____ Term: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer III

Registrar's Office
Transfer Credit Request

This form is designed for use by continuing students to secure approval **prior** to taking courses at another institution. Approval ensures the course(s) listed below can be used to meet degree requirements at SUSLA. Students must attach a copy of the course description(s) from the institution for transfer credit and submit the completed form, with all required signatures, to the Registrar's Office for processing.

This is to certify that _____ **9000** _____ has been granted permission to take the following course(s) at

Student's Name *SUSLA Student I.D. #*

_____

Name and Address of College or University

Student's Contact Information (*for notification purposes*): Email Address _____ Phone Number (____)_____

Course No.	Course Name	Hrs.	Course No.	Equivalent at SUSLA	Hrs.	Division Review and Approval Signature Required
ENGL 101	**Freshman English I**	**3**	**ENGL 110**	**English Composition I**	**3**	

_____ _____

Student's Signature Date Advisor's Signature Date

_____ _____

Division Chair's Signature Date Vice President for Academic and Student Affairs' Signature Date

3050 Martin Luther King, Jr. Drive
Shreveport, Louisiana 71107
www.susla.edu

Phone: (318) 670-9229
FAX: (318) 670-6344
registraroffice@susla.edu

Registrar's Office Use Only
Date Transcript Received: _____
Date Transfer Credits Posted: _____
Processed by: _____