Turtle Mountain
Community College

Request to Accept Transfer Credit

Student Name: _____

Student ID: _____

Date: _____

Course Name, Number, Number of Credits:

_____

Transferring University/College:

_____

Syllabus and/or Catalog Course Description:

_____
_____
_____
_____
_____

Approval Signatures:

Department Chair: _____Date_____

Academic Dean/CTE Director: _____Date_____

Registrar: _____Date_____