Quincy University

OFFICE OF THE REGISTRAR

1800 College Avenue • Quincy, IL 62301-2699 Ph. 217-228-5280 • Fax 217-228-5283

Email: registrar@quincy.edu

check with your advisor.

REQUEST FOR UNDERGRADUATE TRANSFER CREDIT

Name:			Student ID #:			
Major:		☐ Graduating Senior (has applied for graduation)				
`		e emailed when ready)		(Date Required) Need Approved by:		
College you plan to attend:				City/State:		
Session (Summer, Fall, Spring):		Year:		Beginning Date:		
Transfer Course (from	the other institution	on)	Proposed (QU Application (please o	complete)*	
Course Prefix & #	Title	Credit Hours	Course Prefix & #		Credit Hours	
		1				
Please attach course description(s) Student Signature		unless course is from J		*Upper level courses (300-400 level) require approval by the Dean/Chair of that area.		
Advisor Signature		Date		Dean/Chair Signature (when required*)	Date	
course does not duplicate of pass-fail grades will not be GPA at Quincy University. I	coursework comp e accepted. Grad However, in deter	pleted at Quincy les earned in co mining graduati	University. With ourses accepted ion with honors, a	that a grade of "C" or better the exception of PE activity for transfer do not figure in all college work wherever tak grade(s) posted on it, be se	courses, ito the cumulative ken is considered.	
			Signat	ure of University Registrar	Date	

Disclaimer: Transfer approval does not indicate the course is applicable to a particular degree requirement - please