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

# Undergraduate Transfer Credit Approval

**____ Traditional ____ Hayworth ____ASN**

Student Name: _____ID#: _____
Last Name First Middle

Student cellphone: _____

_____
Name of Hosting Institution City State

- This form must be completed and submitted to the Office of the Registrar at Queens prior to registering for classes at the hosting 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: _____
- A course description and/or syllabus of the transferred course(s) may be required.
- 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 HOSTING INSTITUTION: _____

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

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

_____
TRADITIONALSTUDENTS need approval by the Queens Department Chair Date

_____
HAYWORTH STUDENTS need approval by the Hayworth Dean Date

_____
ASN STUDENTS need approval by the ASN Chair Date

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

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

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

_____
TRADITIONAL STUDENTS need approval by the Queens Department Chair Date

_____
HAYWORTH STUDENTS need approval by the Hayworth Dean Date

_____
ASN STUDENTS need approval by the ASN Chair Date

_____ _____
Advisor Signature Date Student Signature Date

**It is the student's responsibility to provide a copy to the hosting institution if required.**

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

_____
Registrar, Queens University of Charlotte Date