

Transient / Transfer Credit Agreement for Undergraduates

Your Pfeiffer ID # _____

Your PRINTED name: _____

As a current student at Pfeiffer University, I am requesting approval to take the following course(s) as a VISITING student at the following college or university: _____

During the following TERM (circle one): SPRING SUMMER FALL **in the YEAR:** 20 __

Please complete the following section with your academic advisor:

	Course you plan to take at host school	Semester Hour/CR	Equivalent Pfeiffer Course (Course Code & Course Name)
1			
2			
3			
4			

It is suggested that you attach a screen print of the particular course description from the 'Host' school—that will be placed in your student file for future need during your degree audit – if this course is a part of your major.

The Pfeiffer Student understands the following:

- a. A minimum grade of "C-" is necessary for transfer credit, unless otherwise noted by the department (Education & Nursing)
- b. A grade taken at another institution does not replace a grade earned at Pfeiffer.
- c. Grades from other institutions are not used for calculating academic averages at Pfeiffer.
- d. Quarter hours will be converted to semester hours at the rate of 3 quarter hours = 2 semester hours. A three-quarter sequence course is normally needed to equal a two-semester sequence at Pfeiffer.
- e. **Courses taken at other schools after enrolling at Pfeiffer do not reduce or otherwise change the Pfeiffer requirements regarding residency, total hours, 50% of major, and/or PfeifferLife Credit.**
- f. The *maximum hours allowed per term is 22*, including transient/transfer courses.
- g. If the other institution is international, a course description must be attached to this form.
- h. **Courses in the student's major or minor must be approved by the Department Chair (signature below).**
- i. Transient courses will be added to the student's academic record only after the official transcript from the transfer institution has been received by The Office of the Registrar, P.O. Box 960, Misenheimer, NC 28109.

The individuals signing below recognize and accept the above conditions.

Student's Signature _____ Date: _____

Advisor's Signature _____ Date: _____

Department Chair's Signature (h.) _____ Date: _____

Registrar/Received by: _____ Date: _____