

# HUNTINGDON COLLEGE

REGISTRAR'S OFFICE  
1500 East Fairview Avenue  
Montgomery, AL 36106-2148  
(334) 833-4430  
registrar@huntingdon.edu

## APPLICATION FOR APPROVAL TO EARN CREDIT ELSEWHERE FOR TRANSFER TO HUNTINGDON

Name \_\_\_\_\_  
Last First Middle

College Address \_\_\_\_\_  
Campus Box Local Phone

Permanent Address \_\_\_\_\_  
No. Street City State Zip

Major(s) \_\_\_\_\_ Classification \_\_\_\_\_

I apply for permission to attend \_\_\_\_\_

\_\_\_\_\_ Name of institution (if a branch, state location)  
during the \_\_\_\_\_ session to take the following course(s).

Dept.	Year and term Course No.	Title of Course	No. Hrs. Credit (State whether Sem. or Qtr.)	Inclusive dates of session
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I have not made a D or a failing grade (F or N) at Huntingdon in any course listed above.

### I understand that:

- Credit may not be granted at Huntingdon for any course not specifically approved IN ADVANCE.
- Hours only (not grade points) will be accepted, and that credit will not be accepted at Huntingdon for any course completed with a grade lower than a C.
- I must fulfill Huntingdon's terminal residence requirement of 30 semester hours.
- Approvals recorded here assume my being in good standing at the end of the term immediately preceding my enrollment for the courses listed above.
- I must request in writing that a transcript of my record be sent to: Registrar, Huntingdon College, 1500 E. Fairview Ave., Montgomery, AL 36106-2148.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Approvals:

\_\_\_\_\_  
Departmental Advisor Date

\_\_\_\_\_  
Teacher Certification Program Coordinator Date  
if student is certification candidate

\_\_\_\_\_  
Registrar Date

COURSE(S) EQUIVALENT TO HUNTINGDON COLLEGE:

**(To be filled out by the Registrar)**  
DEPARTMENT COURSE NUMBER

1. \_\_\_\_\_
2. \_\_\_\_\_

### CERTIFICATION OF STUDENT'S STANDING

Student is ( ) in good standing ( ) on probation but eligible to re-enroll.

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

