

HUNTINGDON COLLEGE
 REGISTRAR'S OFFICE
 1500 East Fairview Avenue
 Montgomery, AL 36106-2148
 Ph: (334) 833-4430 Fax: (334) 833-4313
 registrar@huntingdon.edu

CREDIT ELSEWHERE/TRANSIENT FORM
Application for approval to earn credit elsewhere for transfer to
Huntingdon College

Name _____
Last First Middle

Contact Information _____
Local phone HC e-mail Campus Box

Permanent Address _____
No. Street City State Zip

Major(s) _____ Classification (Circle one) Sr. Jr. Soph. Fr.

I apply for permission to attend _____
Name of institution City ST

during the _____ session to take the following course(s).
Year and term

Dept.	Course No.	Title of Course	No. Hrs. Credit (State whether Sem. or Qtr.)	Inclusive dates of session
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

I have not taken and received a grade at Huntingdon in any course listed above. (W, WP, WF does not apply.)

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 as of the Registrar's dated signature below.
- I must request from the above mentioned institution in writing that a transcript of my record be sent to :
 Registrar, Huntingdon College, 1500 E. Fairview Ave., Montgomery, AL 36106-2148.
- By taking a class elsewhere in my final term of enrollment for degree completion, it may adversely affect my actual term of completion.
- A maximum of 90 semester hours of transfer work may be credited toward the 120 hour degree requirement. A maximum of 64 semester hours earned at two-year institutions may be credited toward the 120 hour degree requirement.

The following signatures must be present prior to turning this form in to the Registrar's Office for processing.

Student _____ Date _____

Academic Advisor _____ Date _____

Teacher Certification Officer _____ Date _____

(If student is seeking teacher certification)

FOR USE BY REGISTRAR'S OFFICE ONLY

Course(s) Equivalency at Huntingdon College

Program Prefix	Course Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Certification of Student's Standing

As of the date below, the above named student is
 () in good standing
 () on probation, but eligible to re-enroll

Registrar _____ Date _____