THE SAGE COLLEGES

Request For Approval Of Transfer Credit

(Return Completed Form to the Registrar's Office)

Fall_____ Spring_____ Summer_____

Student's Name_____ Soc. Sec. No._____

Class Standing_____ Anticipated Month/Year of Graduation_____

Name/Location of College or University Offering Course(s)_____

Course No. and Title of Each Courses:	**Credits:**	**SageCourse Equ:**	****Division Approval****
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____
Signature of Student	**Date**	**Signature of Advisor**

*****ALL REQUIRED COURSES NOT OFFERED BY THE STUDENT'S DIVISION MUST BE APPROVED BY THE SAGE COLLEGE'S DIVISION NORMALLY OFFERING SUCH COURSES*****

*********<u>***Grades will not transfer***</u>*********

****Bachelor Students must complete their last 45 credits at Sage****

7/00-Approval of Transfer Credit

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