



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ID#: \_\_\_\_\_ File #: \_\_\_\_\_ Email: \_\_\_\_\_

By checking this box, I acknowledge that transferring a course in my last year may delay my graduation and conferral of my degree.

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Valid for the Academic Year \_\_\_\_\_ – \_\_\_\_\_ (ex. Fall 2019-Summer 2020)

**Dallas Theological Seminary Information:**

DTS Course Title: \_\_\_\_\_

DTS Course #: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

DTS Course Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transfer Request Information:**

School: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for requesting transfer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8-Step Process: (Transfer Credit Policy at: [www.dts.edu/transfer](http://www.dts.edu/transfer))**

- (1) Student completes form.
- (2) Gives completed form to BC Office for review.
- (3) BC Department Chair reviews request.
- (4) Upon approval, this form stays with the BC office.
- (5) Student takes pre-approved course.
- (6) Student requests transcript be sent to DTS Admissions Office.
- (7) Student asks BC office to send signed form to the Registrar's Office.
- (8) Transfer credit assessed by the Registrar's Office.