

EVANGEL UNIVERSITY
Records and Registration Office

TRANSFER CREDIT APPROVAL FORM

*All current students wishing to transfer credits from another university to Evangel University must complete and submit the Transfer Credit Approval Form prior to enrolling. This pertains to non-correspondence and correspondence classes taken concurrently during the Fall and Spring Semesters, and classes taken during the summer. Failure to obtain prior approval may result in the classes not being accepted to Evangel University. **All required signatures must be obtained.***

Directions: Print this page, complete, and return it to:

Evangel University—Records and Registration
1111 N. Glenstone Avenue · Springfield, MO 65802

Date: _____

Student's Name: _____ **Campus Box #:** _____

Student ID: _____ **Phone #:** _____

Name of College/University course will be taken: _____

Location: _____
City State

Type of Credit (circle one): Semester hours Quarter hours

Term of Enrollment (circle one): Fall Spring Summer Year: _____

The course I desire to transfer to Evangel University:

Department	Course No.	Course Title	Hours
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Evangel University equivalent:

Department	Course No.	Course Title	Hours
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1) Advisor's signature: _____

2) Dept. Chair's signature (where course is listed): _____

3) Transfer Coordinator's signature: _____

