



YOUR CALLING. OUR PASSION.

Records and Registration Office
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TRANSFER CREDIT APPROVAL FORM

DIRECTIONS

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.**

Complete, sign, and return it to Evangel University—Records and Registration.

STUDENT INFORMATION

Date: _____

Student's Name: _____

Student ID: _____ Phone #: _____

TRANSFER COURSE INFORMATION

Name of College/University course will be taken: _____

Location: _____

City

State

Type of Credit: Semester hours Quarter hours

Term of Enrollment: Fall Spring Summer Year: _____

The course I desire to transfer to Evangel University:

Department	Course No.	Course Title	Hours
_____	_____	_____	_____

Evangel University equivalent:

Department	Course No.	Course Title	Hours
_____	_____	_____	_____

APPROVAL SIGNATURES

1) Advisor's signature: _____

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

3) Transfer Coordinator's signature: _____