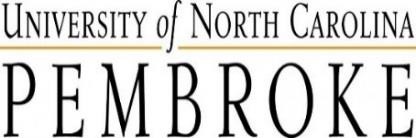
Request to Take Course as a Visitor at another University



**Mail:** UNC at Pembroke

Office of the Registrar OR: **Fax:** 910-521-6328

P.O. Box 1510 Pembroke, NC, 28372

**UNCP ID**

**8 4 0**

**TRANSFER REQUEST POLICY**

In order to take a course as a visitor at another University, the student:

* Must have written approval from UNCP advisor or Department Chair if the course is part of their major curriculum.
* Must have written approval from the UNCP Registrar.
* **Must have a minimum QPA of 2.0, and be in Good Standing.**
* Must have an official transcript submitted to the UNCP Registrar immediately upon completion of the course.
* Courses accepted for transfer credit will be evaluated in terms of UNCP’s academic policies, curriculum and the student’s proposed program at UNCP. Fractional credit will not be granted for partial completion of any course.
* **Credit hours will transfer for courses in which the student earns a “C” or better.** Grades earned at other institutions are **not**

used to compute UNCP’s quality point average.

Permission will not be granted to repeat a course at another institution. Students may elect to repeat any course if the original course and the repeat course are taken at UNCP.

**INSTRUCTIONS**

1. IF YOU REQUEST COURSES IN YOUR MAJOR you will need your faculty advisor/Dept. Chair’s signature on this form.
2. FILL OUT THE FORM COMPLETELY and return it with CATALOG DESCRIPTIONS to the Registrar’s Office.
3. **Credit must be approved before registering for course(s) at visited institution.**

**Last Name**

**Student Information**

**First Name**

**Middle Initials**

**Suffix (Jr., II., etc.)**

**Date of Birth**

**Home or Cell #**

**Email**

**@bravemail.uncp.edu**

**Transfer Information**

**Name of Institution to be attended**

**Major Course to be taken in (TERM/YEAR)**

**T E R M / Y E A R**

**Dept.**

**Course Request**

**Course # Course Title**

**Credit Hrs.**

**UNCP Equivalent**

**DO NOT WRITE HERE – OFFICE USE ONLY**

**Dept. Course # Credit Hrs.**

**Advisor/Dept. Chair Signature Registrar Signature**

**Student Signature**

**Date**

**Date**

**Date**

Approved

Denied

**OFFICE USE ONLY**

Notified Date

Processed by

\*This publication is available in alternative formats upon request. Please contact Disability Support Services, DF Lowry Building, 910-521-6695