

**REQUEST FOR APPROVAL OF TRANSFER CREDIT**  
**Southeast Missouri State University, Cape Girardeau, Missouri 63701**



Please Print

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

Address: \_\_\_\_\_

Course(s) To Be Taken At: \_\_\_\_\_

(Name of School)

Correspondence course? **Y e s** **No** \_\_\_\_\_

Correspondence limitations: 10 hours in a 12 month period, **UI**, teaching techniques, and lab courses cannot be taken by correspondence.

Transfer Course No. & Title	Hrs.
_____	_____
_____	_____
_____	_____

Office of the Registrar

Date

Comments: \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Date \_\_\_\_\_ Hours Completed \_\_\_\_\_

Semester: Fa \_\_\_\_ **Spr** \_\_\_\_ Sum \_\_\_\_ Yr \_\_\_\_

Do you plan to attend Southeast the same semester?

Yes \_\_\_\_\_ **No** \_\_\_\_\_ (No of Hrs. \_\_\_\_\_)

Anticipated graduation \_\_\_\_\_  
 (Semester Year)

Corresponding Southeast No.	APPROVED	DENIED	DEPT. APPROVAL
_____	<input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/> _____

Department chairperson must initial for approval.

**You** must earn 56 hours at a **4-year** college of university. Sixty-eight hours may be accepted from a P-year college toward the 124 required. Additional hours earned at a P-year college may increase the minimum number of hours required for graduation. Approval of transfer of credit does not guarantee completion of specific requirements. Check **with** your advisor.