

Course Approval—Registration—Transcript Request Form

Name _____

Address _____

Home Institution _____

To be sure that the courses you select will be accepted by your home institution for transfer credit, you must complete this form and have it signed by the academic dean of your home institution. You will also use this information to register for your courses at Simmons.

Course Department & Number	Section	Course Title	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Dean, Home Institution

Name and title _____

Signature for approval to transfer credits _____ Date _____

Transcript Request

Please complete and sign for your records to be sent from Simmons to your home institution at the completion of the semester.

Name _____

Home Institution _____

Address transcript should be sent to: _____

City _____ State _____ Zip _____

Applicant Signature _____ Date _____