

Carteret Community College

3505 Arendell Street. Morehead City, NC 28557-2989



PERMISSION TO TRANSFER CREDIT

Name: _____
Last First Middle/Maiden

Current Address: _____
Street Address City State Zip

College ID: _____

Program of Study at CCC: _____

Expected Completion Date: Fall Spring Summer Year:

Only course credit hours completed with a "C" or better will be accepted as transfer credit for a Carteret Community College course. Grades earned at another institution will NOT be used in calculating a grade point average (GPA) at Carteret Community College. Courses taken, but not listed on this form, are subject to review and may not be accepted in transfer without prior approval. I understand that I must request an official transcript to be sent to the CCC Registrar's Office after completion of the course(s); and this form is only applicable to the semester listed below.

Name of Proposed Institution: _____

Term Courses Will be Completed: Fall Spring Summer Year:

 Students Signature

 Date

To Be Completed by the Student		To Be completed by the Registrar	
Course Number and Course Title of the Other Institution's Course(s)	Course Title and Course Number of Comparable CCC Course(s)		
		Approve	Deny
		Approve	Deny
		Approve	Deny
		Approve	Deny
		Approve	Deny

This is to certify that the above-named student is eligible to return to Carteret Community College and has permission to take the courses listed at the institution named.

 Signature of Registrar

 Date