

**ARAPAHOE COMMUNITY COLLEGE
COURSE TRANSFER PRE-APPROVAL PETITION**

Student ID Number _____ Name: Last _____ First _____ Middle _____

Street Address _____ City _____ State _____ Zip Code _____

Student Email Address @student.cccs.edu _____) _____ - _____ (_____) _____ - _____
Work Phone _____ Home Phone _____

I am planning to complete a/an: (check appropriate box)
 Associate of Arts Degree Associate of Science Degree Associate of General Studies Degree
 Associate of Applied Science Degree in (program title) _____
 Certificate in (program title) _____

Proposed semester of graduation: Summer Fall Spring Year: _____
 Catalog to be used for graduation: _____ (year)

Course you wish to transfer to ACC:

Course prefix _____ Course No. _____ Course title _____ Credits _____

College/University where transfer course will be taken: _____
NOTE: A copy of the course syllabus and the course description from the catalog in effect when course will be taken must be attached to this petition. Courses to be transferred to ACC must be completed with a grade of a C or higher.

In Place of ACC's Course:

Course prefix _____ Course No. _____ Course title _____ Credits _____

This course is a:
 Major course General education course Elective course requirement AA/AS/AGS Other in the degree/certificate.

Please provide detailed rationale/support for request: (If additional space is needed, attach separate sheet)

Student Signature: _____ Date: _____

Allow two weeks for processing. Course must be completed within one year of the date of this approval

Advisor _____	Recommend _____	Not Recommend _____
Rationale if not recommended: _____		
Registrar Approval: _____	Approve _____	Disapprove _____
Rationale if not approved: _____		