



HOPE COLLEGE
HOLLAND, MICHIGAN 49423-3698

Date: _____

Name: _____

Student Number: _____

Credit Transfer Form

I request permission to enroll at the following college/university:

Address:

Term (circle one): Summer Fall Spring Year: _____

You need approval from the department chairperson and your academic advisor in advance to transfer any course(s) taken at another college or university.

Credit for courses with grades of C or above transfer to Hope if you have completed the paperwork. Credit for courses with grades of C- or below transfer only if your cumulative GPA at the other school is 2.00 or above.

Credit cannot be awarded more than once for the same course. If you passed a course at Hope, you will not receive credit for the same course taken elsewhere. Grades earned in transferred credit do not transfer and do not affect your Hope College GPA.

After you've completed the course, please request that the college send an official transcript to:

*Hope College
Registrar's Office
141 East 12th Street
P.O. Box 9000
Holland, MI 49422-9000*

1ST COURSE	Department	Course Number	Course Title				*Credits	
	Hope College Course Equivalent (Department, Course Number and Title)			COURSE TO BE APPLIED AS ►	Major Req	Minor Req	Gen Ed Req	Elective
	Hope Department Chairperson Signature			Date				

2ND COURSE	Department	Course Number	Course Title				*Credits	
	Hope College Course Equivalent (Department, Course Number and Title)			COURSE TO BE APPLIED AS ►	Major Req	Minor Req	Gen Ed Req	Elective
	Hope Department Chairperson Signature			Date				

Academic Advisor Signature: _____

Date: _____

Registrar Signature: _____

Date: _____

***PLEASE NOTE: If the course is a 3-credit class, it will transfer to Hope College as 3 credits.
Three-credit courses sometimes do not satisfy 4-credit Hope College requirements.
Quarter hours will be converted to semester hours; 1 quarter hr = 2/3 semester hr.
Return this completed form to the Registrar's Office.**