NORTH CENTRAL
UNIVERSITY

Transfer Credit Request Form

Date: _____

Name: _____
(First) (Last) (Middle)

Student ID #: _____ Phone #: _____

Transfer School Name: _____

Transfer School Website: _____

Does the school operate on a Semester or Quarter system? (circle one)

***Please note: Quarter credits are worth 2/3 the value of a semester credit.**

Please list below the transfer courses and for what NCU course you would like it to transfer as:

Transfer School Course Number & Name	NCU Course Number & Name
1. _____ _____	1. _____ _____
2. _____ _____	2. _____ _____
3. _____ _____	3. _____ _____
4. _____ _____	4. _____ _____
5. _____ _____	5. _____ _____

***Course descriptions must be attached to this cover sheet in order for the transfer courses to be evaluated.**

Office Use Only

Received: _____
Date: _____