

Name: _____ SAGUID# _____

SS # XXX-XX-_____ Email: _____ Phone: _____

Mailing Address/SAGU Suite# _____

Academic Program: Major _____ Minor (if app.) _____ Projected Graduation _____

Transfer School Name _____ School Webpage _____

School Address _____ Attendance Date _____

Requested Transfer Course #1

Course Number & Title: _____

Credit Hours _____ School Calendar: __Semesters __Quarters __Correspondence

SAGU course to be replaced: _____

Office Use Only

Requirement Area: __General Education __Bible Core __Major Studies __Electives __Other _____

Accredited: __No __Yes _____ If not accredited and still accepting credits, why? _____

Department Chair (if app.) __Approved __Denied x _____ Date _____

Registrar's Office __Approved __Denied x _____ Date _____

Transfer Module Degree Audit Document Tracking Student Contacted

Comments: _____

Requested Transfer Course #2

Course Number & Title: _____

Credit Hours _____ School Calendar: __Semesters __Quarters __Correspondence

SAGU course to be replaced: _____

Office Use Only

Requirement Area: __General Education __Bible Core __Major Studies __Electives __Other _____

Accredited: __No __Yes _____ If not accredited and still accepting credits, why? _____

Department Chair (if app.) __Approved __Denied x _____ Date _____

Registrar's Office __Approved __Denied x _____ Date _____

Transfer Module Degree Audit Document Tracking Student Contacted

Comments: _____