

PETITION OF TRANSFER CREDIT

Student Name _____ Student ID# _____

Street _____

City _____ State _____ Zip _____

Phone # _____

- I request my credit from the institution below be applied toward my program of study at Maysville Community and Technical College.
- I understand my previous coursework will be reviewed by Student Records employees and faculty advisors in good faith to avoid extra expense and duplication of coursework on my part but that this petition does not guarantee credit will be awarded.
- I also understand that it is my responsibility to provide any additional information that may be needed to evaluate my transfer credit (i.e., official transcript, syllabi, course descriptions, qualifications of instructors, or any other documentation deemed necessary for validation).

Institution Name _____

City/State _____

Dates of Attendance (approximate) _____

 Student Signature Date

For Office Use Only

Date Received _____

Date Forwarded _____

Forwarded to _____

Date Received from Evaluator (s) _____

Date of Notification to Student _____

The student has been granted credit for the following courses:

- _____
- _____
- _____
- _____
- _____