



SACRED HEART JUNIOR COLLEGE

Excellence, Innovation, Productivity

OFFICE OF THE REGISTRAR

EMAIL the REGISTRAR: laura@shc.edu.bz, melissa@shc.edu.bz

Or visit Our Website: <http://www.shjc.edu.bz>

APPLICATION FOR COURSE TRANSFER

Instructions: Please provide the information requested in print, and return the completed application to the Office of the Registrar.

Note: Sacred Heart Junior College advises that the maximum transferable credits are 33. The courses obtained at previous institution will not show on the student's Academic Transcript.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID
PROGRAM ENROLLED IN AT SHJC		NAME OF PREVIOUS INSTITUTION ATTENDED	
SEMESTER (Check one) <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Summer Academic Year 20__ - 20__			
TODAY'S DATE (DD/MM/YYRR)		COURSES REVIEWED BY:	

Course no.	Course Code and Title at Previous Institution	Course Code and Title of Equivalent Course at SHJC	Grade Obtained
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

<p>For Official Use Only:</p> <p>Department Head's Signature _____</p> <p>Registrar's/Asst. Registrar's Signature _____</p> <p>Date: _____</p>

Student received copy of course transfer form

Student's Signature confirming receipt:

Date Received: _____