

APPROVAL TO TRANSFER COURSES TO CAMPBELL UNIVERSITY

Student Name:			Date:	
			Advisor Name:	
			Cumulative GPA:	
TRANSFER INSTUTION		CAMPBELL EQUIVALENT		
DEPT.	COURSE NUMBER	DEPT.	COURSE NUMBER	DEPARTMENT CHAIR SIGNATURE
The student	whose name appears	on this form h	as approval to transfer	the above courses from
(name of sch	nool):			
during the _			semester	r, for the year
Advisor Signature:			Date:	
DEAN SIGNATURE:			Date:	
TRANSFER I	POLICIES: Students who	do not have a	– n overall 2.0 minimum GF	PA and a 2.0 average at
semester at C year institutio they are to co	Campbell University or whos (junior colleges, commonplete the last 32 semestrates)	no have comple nunity colleges ster hours in re	eted 64 semester hours n or technical colleges). Si sidence at Campbell Univ	e, students who in the fourth hay not transfer work from two-tudents should understand that wersity, and that work completed
		· ·	turn to Campbell will not	be accepted in transfer.
NOTES:				
Registrar Signature:			Date:	