Greenville Technical College *Approval for Transfer of Credit(s)*



Year to be	taken	□ Fall	□ Spring		□ Summer		
Student's Printed Name				_ Student ID/Datatel ID #:			
Address					City, State, Zip		
Name of In	stitution Offering t	he Course					
Address					City, State, Zip		
TRANSFER INSTITUTION					GREENVILLE TECHNICAL COLLEGE EQUIVALENT		
Prefix & Course #	Course Titl	e	Credit Hours		Prefix & Course Title Credit Course # Hours		
Technical Co		ional inforn	nation regardir	ng G	o not transfer, only semester hours. (Refer to the <i>Greenville</i> Graduation Requirements and transferability of courses) ment Head		
APPROVED:, Advisor							
APPROVED:, Registrar							
Once course work has been approved and all signatures have been secured, a copy of this form must be returned to the Office of Student Records. You may need to submit this form to the college/university where you plan to take the course work. You should contact the college/university as soon as possible to find out about their admissions and registration procedures. Any changes from the course stated on this form will not be transferred. Approval must be received prior to taking the course work.							
I understand that I must request from the above named institution an official copy of my transcript to be sent to Greenville Technical College Office at the email StudentRecords@gvltec.edu upon completion of the academic term, or notify the Office of the Registrar at Greenville Technical College if I do not enroll in the above named courses. I understand the terms of this transfer approval.							
Student's Signature:					Date:		

Submit to Student Records
Dreisbach/Anderson Student Success Center - Fax (864) 250-8535 - Scan and email to studentrecords@gvltec.edu