

**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 Institution Offering the Course \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**TRANSFER INSTITUTION**

**GREENVILLE TECHNICAL COLLEGE EQUIVALENT**

Prefix & Course #	Course Title	Credit Hours		Prefix & Course #	Course Title	Credit Hours

\*Indicate whether semester or quarter hours. Grade points do not transfer, only semester hours. (Refer to the *Greenville Technical College Catalog* for additional information regarding Graduation Requirements and transferability of courses)

**APPROVED:** \_\_\_\_\_, Department 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](mailto: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  
 ARC 200 - Fax (864) 250-8535 - Scan and email to [studentrecords@gvltec.edu](mailto:studentrecords@gvltec.edu)