



THE SALVATION ARMY
College for Officer Training at Crestmont

REQUEST FOR TRANSFER OF CREDIT

SECTION A.

NAME _____ SESSION (if applicable) _____

YEAR _____ QUARTER: Fall ___ Winter ___ Spring ___ Summer ___

SECTION B.

PREVIOUS COURSE(S) TAKEN FOR WHICH TRANSFER OF CREDITS IS REQUESTED

EDUCATIONAL INSTITUTION	COURSE NUMBER	COURSE NAME	CREDIT HOURS	EARNED GRADE	DATE OF COURSE COMPLETION

CFOT CLASS

CFOT	COURSE NUMBER	COURSE NAME	CREDIT HOURS

PLEASE NOTE:

1. This is a Request Form only and does not imply the granting of Transfer of Credit. Official copies of all transcripts issued from the stated educational institutions are required before transfer credit will be granted. Course descriptions may also be required before transfer credit is granted. Course syllabi may be required in certain instances.
2. If the Request is granted, a Transfer of Credit letter will be issued to the student by the Director of Curriculum.
3. The transfer credits will be recorded on a student's transcripts.

APPROVED		DENIED		AUDIT	
----------	--	--------	--	-------	--

Rationale: _____

Comments: _____

SECTION C.

Student's Signature _____ Date _____

Director of Curriculum _____ Date _____

Principal's Signature _____ Date _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Section A. Please provide all information requested.

Section B. Please provide the information requested with regard to previous work completed at an accredited university or college. In order to transfer credit, the student must have received a “C” or better. Include the name of the college/university, the course number and name, the number of credit hours (indicate if they are quarter or semester), the grade received and the year in which the course was completed.