Application for Transfer Credit

STUDENT ID # | | | | | | | | | |

First Name	Last Name
Home Phone	E-mail

Intended Program of Study at St. Mary's: _____

Former Post-Secondary Institution: _____

Terms Attended: _____ _____

From (e.g. Fall 2004) To (e.g. Winter 2006)

Course Code	Course Title	Credits	Grade	STMU Equivalent

Office Use:

Comment	Registrar's Init	Date Entered

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