

**REQUEST FOR ACCEPTENCE OF CREDIT
TO CARSON-NEWMAN UNIVERSITY
FROM A NON-REGIONALLY ACCREDITED
COLLEGE OR UNIVERSITY**

Student Name _____ SSN _____ Date _____

Address _____ City _____ ST _____ Zip _____

Home Telephone _____ Cell Phone _____

Please submit the following documents for credit evaluation purposes:

1. Official transcript
2. Course Catalog
3. Course syllabuses for each course to be reviewed

LIST ALL TRANSFER COURSES WITHIN A DEPARTMENT ON ONE FORM. USE AS MANY FORMS AS NEEDED.

TRANSFER INSTITUTION:		CITY:	STATE/COUNTRY:	
COURSE PREFIX	NUMBER	COURSE TITLE	CREDIT HOURS	CN EQUIVALENT COURSE
				SECTION TO BE COMPLETED BY DEPARTMENT

TO BE COMPLETED BY AUTHORIZED DEPARTMENT PERSONNEL

TO: _____ **PROGRAM/DEPARTMENT CHAIR:** _____

Please review the attached material as a request for transfer credit.

I Recommend: APPROVAL _____ SIGNED _____ DATE _____
 DENIAL _____
 Program/Department Designee

**RETURN THIS FORM TO THE REGISTRAR'S OFFICE
CN BOX 71985, JEFFERSON CITY, TN 37760**