

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

Student Name \_\_\_\_\_ C-N ID \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please submit the following documents for credit evaluation purposes:**

1. Official transcript
2. Catalog Course description
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
EXAMPLE				SECTION TO BE COMPLETED BY DEPARTMENT
			3	

**TO BE COMPLETED BY AUTHORIZED DEPARTMENT PERSONNEL**

\*\*\*\*\*

**TO:** \_\_\_\_\_ **DEPARTMENT CHAIR:** \_\_\_\_\_

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

I Recommend: APPROVAL \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
DENIAL \_\_\_\_\_ Department Designee

I Recommend: APPROVAL \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
DENIAL \_\_\_\_\_ Division Chair

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

**REVISED: 5/1/06**