

Interdenominational Theological Center

Office of the Registrar
700 Martin Luther King Jr. Drive
Atlanta, Georgia 30314
404-527-7707

Request for Transfer Credit Form

This is a request to Transfer courses taken at institutions outside of the ITC.

Name _____ SSN _____

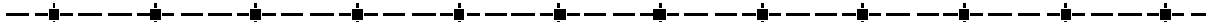
Phone Number _____ Advisor _____

Present Classification _____

Currently Enrolled in the _____
(Degree Program)

Concentration _____

Expected Graduation _____
(Semester and year)



List ALL courses that you are requesting transfer credit. Please note that an official Transcript and Syllabus for each course from each institution must be provided for transfer credit consideration. Indicate whether you want the transfer for core or elective.

COURSE(S)

CREDIT/GRADE

CORE#/ELECTIVE