

Transfer Agreement

Used by students who want to take class at other colleges and transfer it back in.

Name _____ Student ID# 700- _____ Major _____

Anticipated Graduation Date _____ Year of CMU Catalog used: _____ Status During Exchange: Sophomore Junior Senior

Host Institution _____ City _____ State _____

Dates Attending: (MM/YY) _____/_____/_____ - _____/_____/_____

Semesters/Quarters Attending Host Institution: Fall / Winter / Spring / Summer

Calendar at Host Institution: Semester Quarter (Note: Courses taken at a campus on a quarter calendar will receive two thirds the stated hour value. Ex. 3 qtr hrs=2 sem hrs)

Host Course Number	Title (Host Cat. Pg. #)	Host Credit Hours	CMU Course Equivalent (if possible)	CMU Credit Hours	Essential Learning	Foundation Courses	Kinesiology	Major	Elective	Upper Division	Advisor's Initials
Example: HIST 110	U.S. History (Pg. 167)	3	HIST131	3	X						RC

- Verify the institution is accredited by the Regional Accrediting Commission of Higher Education. (See Registrar's Office for assistance.)
- Complete the form prior to enrolling in the courses.
- Course(s) **must** be approved by your advisor, the department head, and the Registrar's Office
 - **Do Not** register for the course(s) until all of the signatures are acquired.
 - Only the course(s) which received approval will transfer. If the approved course(s) are no longer offered at the host institution, approval for the new course(s) must be granted.
- Courses taken at Colorado Mesa University may not be repeated at another college for improvement of the original grade and course(s) taken at another college may not be repeated at Colorado Mesa University.
- Colorado Mesa University policy states that lower division courses (100 & 200) cannot be used for upper division courses (300 & 400).
- The completed course(s) need a "C" or higher. Any "P" or "S" grades must be equivalent to a "C" or higher.
- After completion of the course(s), an official transcript must be sent from the host institution directly to Colorado Mesa University.
 - **A transcript issued to the student will not be accepted.**

Advisor: _____ Date: _____ Department Head: _____ Date: _____

Student: _____ Date: _____ Registrar's Office: _____ Date: _____

Office Use Only: CODE: _____ ACCR: _____ Input Date: _____ Initials: _____

Date Received: _____