

**Eastern Nazarene College
Office of the Registrar**

Permission to Transfer Courses to Eastern Nazarene College

Student Name: _____ Date: _____

Class: _____ Major: _____ Major 2: _____

I request permission to take the following courses at:

_____ During the _____
(Accredited College or University) Semester/Term Year

Please read the following and sign your name indicating your consent.

1. I understand that I must provide the Registrar's Office with a printed course description from the college catalog of the above institution and/or the course syllabus if requested.
2. I understand that the course I select **must not be** an on-line or correspondence course.
3. I understand that I am to register for the course for credit. I **may not** audit the course or take the course pass/fail.
4. I also understand that I am to assume responsibility for requesting that an official transcript be sent directly to Eastern Nazarene College, Office of the Registrar, 23 East Elm Ave., Quincy, MA 02170 upon the satisfactory completion of the course.
5. I realize that only those courses in which I earn a grade of C- or better are transferable.

Student Signature, acknowledging consent to the directions listed above.

1) _____
Course # Course Title Credits

Substitute for ENC Course: _____
Course # Course Title

Approved _____
 Denied Registrar or Department Head Signature

2) _____
Course # Course Title Credits

Substitute for ENC Course: _____
Course # Course Title

Approved _____
 Denied Registrar or Department Head Signature

For general education courses, please obtain the Registrar's signature. For courses within your major, please obtain the signature of the Department Chair.

Please return the completed form to the Registrar's Office.