

Graduate Transfer Course Approval

Student ID# | _____

Student Name | _____

Transfer Course Information

Name of Transfer School | _____

Course Prefix & Number | _____

Course Title | _____

Catalog Course Description (enter here or attach) _____

Delta State Course

Course Prefix & Number | _____

Course Title | _____

Requested by:

Division Chair | _____

Date | _____

Dean | _____

Date | _____

Submit form via fax or mail.

Fax to 662-846-4016

Mail to: Registrar's Office

152 KWH

Cleveland, MS 38733