
Transfer Credit Approval

Name: _____ ID#: _____ Date: _____

Students who plan on using college credits from another institution must be approved by the Registrar's Office before completing these courses. This is to ensure that the following requirements are met:

- Taken from a regionally accredited institution.
- Must receive a "C" or better to receive transfer credit.
- Student will meet residency requirement from The College of Idaho.
 - "These credits must be earned in courses taken on The College of Idaho campus. Ordinarily the student must earn this credit after attaining senior standing (90 credits). Dual-degree candidates in pre-engineering must earn this credit after they have attained junior standing (60 credits). For students who want to take advantage of a special educational opportunity away from the campus during their senior year, the Vice President for Academic Affairs may waive the requirement that this credit be earned after attaining senior standing." 2017 - 2018 Catalog
- Student does not exceed transfer credit limitations.
 - "A maximum of 70 semester credits or 106 quarter credits of approved community college credit may be transferred to The College of Idaho to be counted toward the 124 credits required for graduation (senior residence requirement). Only lower-division credit will be allowed for community college work. Please see Transfer Credit Policy for specific course and grade acceptance." 2017 - 2018 Catalog

***Once course/s are completed, an official transcript must be sent back to The College of Idaho:
2112 Cleveland Blvd, Box #67 Caldwell, ID 83605***

- Please allow at least three business days for a decision from the Registrar's office. During busy seasons, responses could take up to two weeks. If you have not received a response after two weeks, please contact the Yote Stop at 208-459-5400.

I, _____ have read and understand the above requirements to transfer courses back to The College of Idaho.

(Student Signature)

MUST provide an attached copy of course descriptions for the courses listed on this form to be completed.

Name: _____ ID#: _____ Date: _____

Transfer Institution: _____ (Institution Name) _____ (City) _____ (State)

Semester: Fall 20____ Winter 20____ Spring 20____ Summer 20____

Courses to be completed: (Please attach course descriptions for each course listed below)

Subject:	Course #:	Course Title:	Credits:	For Major/Min/other Requirements:

(Student Signature)

Institutional Use

Courses will transfer back as:

Subject:	Course #:	Course Title:	Credits:	Transfer back as:		
				Sub.	Course #	Credit

Comments:

APPROVED NOT APPROVED

(Registrar's Office)