



Office of the Registrar

Request for Undergraduate/Graduate Course Notation

For Registrar Use Only
 Processed by: _____
 Date: _____

NOTE: This form is used when TRAN (General Elective Credit) is originally assigned. Please complete this form to receive designated HBU course credit.
 Please return the completed form to the Office of the Registrar. **COMPLETE IN INK - DO NOT USE PENCIL**

Student Information			
Name of Student (please print)	Last Name	First Name	Middle Name
HBU ID: H	HBU E-mail: _____	Phone: _____	
			Freshman Junior Sophomore Senior Graduate

University Information			
University Attended: _____	Semester	Fall	Spring
	Quarter *	Winter	Summer
City	State	Country	Year: 20 ____
* 1 quarter credit equals 2/3 semester credit Undergraduate Degree: BA BS BBA BM BSN ADN BGS Major 1: _____ Major 2: _____ Graduate Degree: MACC MACCT MLA MED MATS MBA MAP Major _____			

Course Information											
Course information details (from the transcript)			Equivalent HBU course for transfer credit		Departmental Approval Process						
Subject Code	Course Number	Course Title	Hours	Grade	Subject Code	Course Title	Course Number	Hours	Advisor's Signature	Dean's Signature	Date

DEPARTMENTAL USE ONLY: The above course(s) have been evaluated and approved with one of the following options:

Substitution valid for all students Subject Code: _____ Course #: _____ Dean Approval: _____	Substitution valid for all students Subject Code: _____ Course #: _____ Dean Approval: _____
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