



# 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

Freshman                      Junior  
Sophomore                      Senior  
Graduate

HBU ID: **H**                      HBU E-mail: \_\_\_\_\_                      Phone: \_\_\_\_\_

### University Information

University Attended: \_\_\_\_\_

City                      State                      Country

**Note:** Please provide course descriptions and syllabus.

Term(s): Semester    Fall                      Spring                      Year: 20\_\_\_\_

Quarter \*    Winter                      Summer

\* 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 Number	Course Title	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: _____	Substitution valid for all students Subject Code: _____ Course #: _____ Dean Approval: _____
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