



TRANSFER/EXPERIENTIAL LEARNING/ADVANCED STANDING REQUEST

905 Grant Ave. SE
Bemidji, MN 56601
218-333-6600
Fax: 218-333-6694

An official transcript must be on file in the Records Office before transfers can be processed.

Note: Responsibility rests with the learner for possessing and retaining the content knowledge and skills required by the program requirements listed below for which transfer/course substitution is granted.

Name: _____	Tech ID: _____	Date: _____
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Current Mailing Address	Valid Until (MM/DD/YYYY): _____
Street: _____	
City: _____	State: _____
Zip: _____	Telephone: _____

Program: _____
Degree: _____
Degree Codes: AAS -Associate in Applied Science, AS -Associate in Science, DIP -Diploma, CERT -Certificate

Transfer/Substitute/Advanced Standing Course:

To be Used in Place of:

Office Use Only

Granting Institution	Dept.	Course #	Course Title	Credit	Year/Term	Grade	Dept.	Course #	Course Title	Credit	Type *	Approved Y/N/Initials

Learner Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Evaluator Signature: _____ **Date:** _____

Registrar Signature: _____ **Date:** _____

Comments: (Office Use Only)

For experiential coursework to be transcribed to the academic record, a paid receipt for course credits must be included.

Office Use Only

DARS: ___N ___Y Except Code: _____

Date: _____ Initials: _____

SENT: Date: _____ Initials: _____

*Use the following codes to indicate classification of credits replaced:
 RC - Required Course (normally technical content)
 EL - Elective
 GE - General Education
 CS - Course Substitution