

**Campus:**     Faribault     North Mankato

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Student ID# or SS#:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Program:** \_\_\_\_\_

 A.A. Degree     A.S. Degree     A.A.S. Degree     Diploma     Certificate

**Post Secondary Institutions Attended:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mail Transcript to:

**NOTE:** An official transcript must be on file before transfers can be processed.

### THIS SECTION TO BE COMPLETED BY PROGRAM ADVISOR

Course to be Transferred			SCC Course Equivalent, substitute, or General Education course/category	
Type of Credits (Check One)	Course Number:	Number of Credits:	Course Number:	Number of Credits:
<input type="checkbox"/> Technical/Elective <input type="checkbox"/> General Education	Course Title:		Course Title or General Education course/category:	
Type of Credits (Check One)	Course Number:	Number of Credits:	Course Number:	Number of Credits:
<input type="checkbox"/> Technical/Elective <input type="checkbox"/> General Education	Course Title:		Course Title or General Education course/category:	
Type of Credits (Check One)	Course Number:	Number of Credits:	Course Number:	Number of Credits:
<input type="checkbox"/> Technical/Elective <input type="checkbox"/> General Education	Course Title:		Course Title or General Education course/category:	
Type of Credits (Check One)	Course Number:	Number of Credits:	Course Number:	Number of Credits:
<input type="checkbox"/> Technical/Elective <input type="checkbox"/> General Education	Course Title:		Course Title or General Education course/category:	
Type of Credits (Check One)	Course Number:	Number of Credits:	Course Number:	Number of Credits:
<input type="checkbox"/> Technical/Elective <input type="checkbox"/> General Education	Course Title:		Course Title or General Education course/category:	
Type of Credits (Check One)	Course Number:	Number of Credits:	Course Number:	Number of Credits:
<input type="checkbox"/> Technical/Elective <input type="checkbox"/> General Education	Course Title:		Course Title or General Education course/category:	

**TECHNICAL/ELECTIVE CREDITS AWARDED:** \_\_\_\_\_ **CREDITS**
**Signature of Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY TRANSFER SPECIALIST

At least one course in three of the categories below must be completed.

**GENERAL EDUCATION CREDITS AWARDED:** \_\_\_\_\_ **CREDITS**

- |   |   |
|---|---|
| _____ 1. Communication<br>_____ 2. Critical Thinking<br>_____ 3. Natural Sciences<br>_____ 4. Mathematical/Logical Reasoning<br>_____ 5. History/Social and Behavioral Sciences | _____ 6. Humanities and Fine Arts<br>_____ 7. Human Diversity<br>_____ 8. Global Perspective<br>_____ 9. Ethical and Civic Responsibility<br>_____ 10. People and the Environment |
|---|---|

**Signature of Transfer Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### FINAL CHECKLIST

- In ISRS
- In DARS
- 1st Cohort
- Final Cohort
- Student/Advisor Notified