Request for Letter of Good Standing/Transient Letter  
(Request for Approval of Transfer Credits)

Return to the Office of Records, Carter Hall 134 - Covenant College

Full Name: _______________________     Banner # @ ____________________   Date: ________________   Telephone #: __________________

Covenant Box # ___________________    Major(s)____________________________   Anticipated Grad Date-  May  Dec 20 _______________

Term Entered Covenant- Fall   Spring   __________    Name of college you plan to attend____________________________________________

Dates/semester you plan to attend_________________                     Is above college on semester or quarter* calendar? ______________________

Address/fax # where letter should be sent_____________________________________________________________________________________

*One quarter hour transfers as .67 semester hours. Courses will only be accepted with a letter grade of “C-” or better, and not taken pass/fail.  
A maximum of 70 semester hours can be transferred from community colleges and will receive lower division credit only.
Courses of a vocational or technical nature are not transferable.  Core requirements must be approved by the Office of Records or in the case of mathematics and foreign language, by the respective departments.  Major and minor courses are to be approved by the department.

The student is responsible for requesting an official transcript, sent to Covenant College Office of Records, when course work is complete.

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<tr>
<th>DEPT</th>
<th>COURSE #</th>
<th>TITLE</th>
<th>ONLINE ?</th>
<th>CREDIT HOURS</th>
<th>Covenant requirement this course will satisfy?</th>
<th>Dept. Approval</th>
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___________________________       __________       Student’s Signature         Date

Please provide course descriptions from the other institution for each course needing approval.

Please allow 7-10 working days for processing.

Office of Records Use Only

The application of the course(s) above to your degree program at Covenant College are approved as noted above for a total of -_____ Hours

Office of Records Signature______________________________    Date_____________    Notes: