



Office of the Registrar
300 Washington Ave.
Chestertown, MD 21620
410-778-7299

TRANSFER COURSE PERMIT

_____ **TERM/YEAR**

_____ has permission to attend the following
STUDENTS NAME

college/university _____ and transfer
NAME OF INSTITUTION

the following courses to Washington College.

Use a separate form for each school you may attend.

Course Number of Outside Institution	Course Title	WC Equivalent	Signature of Department Chairman

_____ **ADVISOR'S APPROVAL**

_____ **DATE**