

Office of the Registrar
Davis & Elkins College
100 Campus Dr.
Elkins, WV 26241

PLEASE TYPE OR PRINT

THIS FORM WILL NOT BE
PROCESSED UNLESS ALL
INFORMATION HAS BEEN
COMPLETED.

Application for Credit Transfer

Name _____ Student No. _____

Home Address _____ Current Major _____

The above named students requests permission to enroll for the:

Summer Fall Spring of 20_____

Institution Name _____

Courses to be Taken

Course ID Credit Hours

D&E Equivalent

Course ID Credit Hours

A grade of C (2.0 quality points) or better is required for all transfer courses.

Student's graduation requirements
have been verified to indicate courses
will be used toward graduation.

Student has the D&E
prerequisites to take
the proposed course(s).

Advisor Date

Student Signature Date

Registrar Date

Note: Upon completion of these courses, you must request an official transcript be sent to the above address. Transcripts will not automatically be sent for you.