TRANSFER CREDIT CONTRACT

Last Name		First Name M.I.		Social Security Number	
Address		City		State 2	Zip Code
Area Code - Phone Number No		orth Central State Major			
najor area's Divisional		fulfill coursewor	k requirements to	s form. I hereby apply for p oward a degree at North Ce	
Student's Signature		Date			
TO BE FILLED IN E	BY DIVISIONAL DEAN/A	SSISTANT DE	AN SIGNIFYING	APPROVAL	
NC State Course	NC State Course Title	NC State Credit Hrs	Outside Course #	Outside Course Title	Outside Credit Hrs
				+	
This is to certify that requirements listed be		lege agrees to	recognize the a	bove transfer credit in ac	cordance with t
good standing This contract is calculated into The college or body. North Ce The student sh that coursewor	hay be approved, the stude at North Central State Coll is limited to a maximum of grade point average. University at which the studentral State will refuse to reall have a two-year time limic k credit was completed at 15 obligation to have official	ent must exhibit a ege. f 5 courses or 1 lent wishes to pu cognize credit con hit from the date of the approved col	5 credit hours for rsue credit must be completed with less of this contract to allege.	ER CREDIT Sue coursework toward a degree transfer credit. Transfer cre e accredited by a regional or than a D or equivalent grad complete and submit official of scriptions sent to the Studen	redit grades are national accredit le. documents verify
Divisional Dean/Assista	nt Dean Signature			Date	