

River Valley Community College
One College Drive
Claremont, NH 03743-9707
Fax: (603) 543-1844

PRE-APPROVAL TRANSFER COURSE AUTHORIZATION

This authorizes _____
(Name of Student) (Student ID #) (Program)

to take the following courses:

_____ at _____
(Course number and title) (Credits) (College) (Dates)

_____ at _____
(Course number and title) (Credits) (College) (Dates)

_____ Course descriptions have been submitted for the record.

If the student passes each course with a grade of “C” or better, the course(s) will be transferred to the student’s record and accepted in lieu of the following courses, upon receipt of the official transcript:

_____ (Course number and title) (Credits)

_____ (Course number and title) (Credits)

Signed: _____
(Department Chairperson or Program Director) (Date)

Signed: _____
(Department Chairperson – General Education) (Date)

Signed: _____
(VP Academic Affairs) (Date)

cc: Student
Registrar
Financial Aid
Advisor

08/25/08