

PLEASE USE BALLPOINT PEN AND PRINT OR TYPE

MEREDITH
COLLEGE

Raleigh, North Carolina 27607-5298

Name _____ ID # _____

*Address _____

*(Please use the address to which you want your approved copy of the form mailed.)

**APPLICATION FOR
OFF-CAMPUS CREDIT**

EXPECTED GRADUATION DATE _____ See instruction sheet.

Type of Credit: Visitation _____ Correspondence/Online** _____

**Meredith College allows a maximum of six hours of correspondence or online credit.

**NOTE: Approval will not be granted
if you are on probation.**

Term & Year: Fall, _____ Spring, _____ Summer, _____

Institution you are visiting.

Name of Institution _____

City _____ State _____

Note: Please have your official transcript sent to:

Office of the Registrar, Meredith College, 3800 Hillsborough Street, Raleigh, North Carolina 27607-5298

COURSES TO BE TAKEN

Please note: Only courses in which you have earned a "C" or better will be accepted by Meredith College. If you are repeating a course because you need a better grade, please be aware that the transferred course will not replace your Meredith grade.

Department & Course Number	Course Title	Semester Hours***	Meredith Equivalent or Application toward Graduation Requirements

***Notice: Quarter hours do not equal semester hours

Academic Advisor Signature _____ Date _____

Director of International Studies Signature _____ Date _____
(for study abroad)

Registrar's Signature _____ Date _____