



ROCKSOLID

HIGHER STANDARDS FOR A HIGHER CALLING

TRANSFER CREDIT FORM*

Student's Name:		
Total Course Value: .5 Credit _____ 1.0 Credit _____	RSCA Credit Earned on Completion: (For Office Only)	Final Grade Earned: (Submit on completion of course)
Start Date:	End Date:	
Course Title:		
Course Description (Include goals, objectives, specific topics to be covered, etc.)		
Projected Hours of study (1 Quarter = approximately 40 hours of course time): _____		
*Transfer credit requests <u>must be submitted for approval prior to enrollment in a course.</u>		
Curriculum:		
Instructor's Name: Signature/Date:	RSCA Approval: Signature/Date:	Yes No