



**The College at
Southeastern**

Request to Transfer Credit From the Seminary

A currently enrolled C@SE student desiring to complete and transfer graduate level courses from the Seminary must have the advance approval of the professor, the Dean of the College, and the Registrar.

Name: _____ Student #: _____

Degree Program: _____ Hours completed: _____

Date: _____ GPA (available on Self-Service): _____

******* All Correspondence is Through SEBTS Email *******

Semester _____ Year _____		
Course # and Title	CSE Equivalence	Signature of Professor

Please provide a *detailed* rationale for your request below.

Dean of the College: _____ Date: _____

Registrar: _____ Date: _____