APPROVAL TO TRANSFER TIMED-OUT COURSES



School of Health and Science

The science courses on your transcript were taken more than five years ago and were not automatically transferred to Brenau University. In order to have these classes considered for transfer credit, please complete this form and return in the self-addressed, stamped envelope to Dr. Gale Hansen Starich, 500 Washington St., SE, Campus Box #8, Gainesville, GA 30501. Dr. Starich, Dean of the School of Health and Sciences will review your appeal and notify you in writing of the status of these courses.

STUDENT	INFORMATION		
Student ID No:	Date:		
Name:			
Student major:			
RN License Number:	State Where Licensed:		
► Employment History for the Past Three (3) Years:			
Employer/Address:			
Position:			
Employer/Address:			
Position:	Years:		
►Comments:			
►Signature:			
Offic	- U O b		
	e Use Only		
Date Received:Ap	proved:Deni	ed:	
Course # Course Title	Brenau Equivalent	Grade	Term
1			
2			
3			
4	-		
Signature of Dean:	Date:		
<u> </u>			

APPROVAL TO TRANSFER TIMED-OUT COURSES





This form is sent in response to your request for transfer credit of a course(s) that has "timed-out" and is therefore not acceptable for credit. Please provide the following information so that your request might effectively be evaluated.

	Course Title	Institution Course Taken		Term/Year
·Work or educa	tion-related activities that w	ould support the retention of this mater	rial:	
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