

FRANCISCAN SCHOOL OF THEOLOGY

REQUEST TO TRANSFER COURSES

Student Name: _____ Date : _____

Course(s) to be transferred: (include all information)				
YEAR	COURSE #	COURSE TITLE	UNITS	GRADE

Name and city of the school where credits were earned:

Advisor's Signature

Date

Dean's Signature

Date

Official transcripts of courses to be transferred are required before transfer can be completed.

Return this request to the FST Registrar.