

FRANCISCAN SCHOOL OF THEOLOGY

REQUEST TO TRANSFER COURSES

Student Name: _____ Date: _____

Course(s) to be transferred: (include all relevant information)

YEAR	COURSE #	COURSE TITLE	UNITS	GRADE

Name and City of the school where credits were earned:

Advisor's Signature: _____

Dean's Signature: _____

STUDENT: Official transcripts of courses to be transferred are required before transfer is completed.

Please return this request to the Registrar at FST.