



Transfer Credit Request from Non-Regionally Accredited Institution

Print clearly or type.

Complete, sign and return a separate form for each college/institute from which transfer credit is requested.

Submit by:

- **Email:** registrar@northgatech.edu
- **Fax:** 706.754.7777
- **Mail:** NGTC Registrar's Office, PO Box 65 Clarkesville, GA 30523
- **Hand:** Deliver to the receptionist on any NGTC campus

Student Name: _____ NGTC Student ID: _____

NGTC Email: _____ Phone: (_____) _____

School where course(s) were completed: _____

I authorize NGTC's Registrar to release to the transferring institution named above any information necessary to complete this request.

Student Signature (Required): _____ Date: _____

Student enters **Term** and **Course** information as shown below:

Term Taken	List course(s)	STAFF USE ONLY - RETURN COMPLETED FORM TO REGISTRAR'S OFFICE						
Example: Fall 2012	Example: ENGL 1101	A. Registrar Verification		B. Instructor & Course Verification		Forward to NGTC staff member below for review:	C. Department Chair Recommendation & Signature	
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes			<input type="checkbox"/> Yes	<input type="checkbox"/> No

A. Registrar Verification: A **YES in Column A** signifies term and grade (Entered in that column) have been confirmed.

B. Instructor & Course Material Verification: A **YES in Column B** indicates the instructor has appropriate credentials in the discipline. If the **YES** is not checked, instructor credentials were not deemed adequate. A review response **is required from all staff members listed in the Forwarded To section of Column B.**

C. Department Recommendation (After consultation with program faculty): A **YES** in Column C signifies approval and recommendation for transfer credit. A **NO** in this column signifies instructor and/or materials were deficit and transfer credit is NOT recommended. Each department chair/designee must sign beside the Yes or No response.

Faculty Credential Certification: (Required) _____ **Date** _____

VPAA (or Designee) Signature: (Required) _____ **Date** _____