**Request Form for Transfer Credits**

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| **Student Name:** |  | **Student ID:** |  |
| **Study Program:** |  | **Cohort:** |  |

**Course Type**: Program Core Course (**PCC**), Program Elective Course (**PEC**), General Elective Course (**GE**)

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| **Filled by the student** | | | | | **Filled by the Counselor** |
| **Course No.** | **Course Name** | **Course Type** | **Credits** | **Student request** | **Counselor Decision** |
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| **Program Counselor**  **name and signature** |  | **Date:** |  |
| **Program Head**  **name and signature** |  | **Date:** |  |