



WASHINGTON COLLEGE
Office of the Registrar
300 Washington Ave.
Chestertown, MD 21620
410-778-7299

TRANSFER COURSE PERMIT

_____ **TERM/YEAR**

_____ has permission to attend the following college/university
STUDENT'S NAME

_____ and transfer the
NAME OF INSTITUTION

following courses to Washington College.

Use separate form
for each school
you may attend.

COURSE NUMBER OF OUTSIDE INSTITUTION	COURSE TITLE	W. C. EQUIVALENT	SIGNATURE OF DEPT. CHAIRMAN
1.			
2.			
3.			
4.			

ADVISOR'S APPROVAL

DATE