

## TRANSFER BACK REQUEST

Use this form to request pre-evaluation of coursework intended to be transferred from another institution to Colorado Mountain College.

Student 1	Information:				
		First Name		MI	
				Student ID	
I am curre	ently pursuing a degree at Colorado n and apply them towards my degre	Mountain Colle	ege. I wou	ald like to transfer back certain courses from another e met with my advisor to discuss my degree program	
Advisor/	Counselor	Adv	risor/Cou	ınselor Email	
Transfer	Institution				
Semester	course will be taken	Ser	mester I i	intend to graduate from CMC	
Courses to transfer back			OFFICE USE ONLY		
	Courses to transfer back		CMC Equivalent		
Course Code	Course Title	Credits	Course Code	Course Title Credits	
	r Back Agreement	0/2.1/			
	must be completed with a grade		_		
	ted to your student record.	stitution mus	t be sent	to the Registrar's Office in order for the courses	
date indi		ot received by		ion, transcripts must be received by CMC by the indicated, a new Petition to Graduate must be	
	nsfer Back Agreement is for the ompletion.	specific cour	se(s) liste	ed above and expires within 30 days of the	
Modifica	tion of this agreement requires t	he submissior	n of a new	v Transfer Back Request.	
Student Signature Date				Date	
		OFFICE 1	USE ON	LY	
Official	transcripts must be received	d by:			
CMC Cat	alog Year to be used for degree r	equirements_			
ProcessorDate					

Etrieve