

DECLINE TRANSFER CREDIT REQUEST\*

Student's Name \_\_\_\_\_ CWID \_\_\_\_\_  
(Please Print)

E-mail \_\_\_\_\_ @Edisto.cofc.edu Phone \_\_\_\_\_

I wish to decline my transfer credit for the following:

Course (list name of course)	From which school?

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Signature: Advisor

\*Any petition must be approved by your advisor and then submitted to the Registrar's Office before courses are retaken.

<b>RO USE ONLY:</b>
Processed by: _____ (Initials)
Date: _____