

Permission to Take Courses for Transfer Credit

Student Name: _____ Student ID: N _____

Address: _____
No./Street City/State/Zip

Phone: (____) _____ Email: _____

INSTITUTION

Institution Name: _____

Address: _____

Semester: _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Name of Course	Semester Credits

I request permission to take courses for credit to be transferred to the University of the District of Columbia David A. Clarke School of Law. I have attached to this form an official course description for each course requested. I have read and understand the provisions of Section 4.6 of the *UDC David A. Clarke School of Law Student Handbook* regarding the administration of transfer credits.

Signature _____ **Date** _____

-----DO NOT WRITE BELOW THIS LINE-----

Action on Request: Approved _____ Denied _____ Modified _____

Comments or Modification _____

Assoc. Dean for Academic Affairs _____ Date _____

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