

COLLEGE OF THE CANYONS
Admissions & Records

TRANSFER-COURSE REPEAT FORM

Last Name: _____ First Name: _____

Social Security/ID Number: _____ Date of Birth: _____

Address: _____ Phone: _____

College where course was first taken: _____

Semester/Term course was first taken: _____

Course: _____ Grade Received: _____

College where course was repeated: _____

Semester/Term course was repeated: _____

Course: _____ Grade Received: _____

I understand all coursework on the transcript being reviewed will be included into my College of the Canyons record. As a result, I am requesting my external coursework from the above college be posted to my College of the Canyons transcript. I understand that once my transfer units are posted, they cannot be removed.

Note: Substandard grades remain *on* your record. Your grade point average is adjusted to reflect the *grade replacement*.

Student Signature: _____ Date: _____

Operator Initials: _____

Date Recorded: _____