

# CARE HOPE COLLEGE

## Transfer Credit Request Form

**GENERAL INFORMATION**

- ✓ Complete this form only if you wish to:
    - Enroll in a course that requires a post-secondary level prerequisite that you have completed at another institution or,
  - ✓ The following documents are required to support your request:
    - Official transcripts, and course outlines upon request.
    - Institutions outside of the USA: originals of foreign transcripts and official course outlines and/or syllabi (if written in a language other than English, both must be submitted with recognized English translations).
- NOTE:** outlines/syllabi must be accurate for the dates you attended the classes.

**Pay Transcript Evaluation fee of \$250.00 and Submit completed form with via one** of the following:  
**In person/ Mail:** Registrar, Care Hope College, 901 N Congress Ave, Suite C201, Boynton Beach, FL 33426, USA  
**Email:** [registrar@chcollege.org](mailto:registrar@chcollege.org) **Fax:** 561.965.7948

---

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHC ID:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

**TRANSFERRING INSTITUTION:** \_\_\_\_\_ Use separate forms for different institutions

**An official transcript is required to process transfer credit. Select one of the following:**

I am submitting my transcript with this request                       My official transcript has been ordered on \_\_\_\_\_(M) \_\_\_\_\_(D) \_\_\_\_\_(Y)

My official transcript is already on file at Care Hope College

COMPLETED COURSE SUBJECT:	COURSE NO:	CREDIT	GRADE	COMPLETION SEMESTER

Payment authorization: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
Card No.:
Expiry Date:                      Amount:
Card holder signature:

I have carefully read the information before submitting this form.
<b>Signature</b> _____