



REQUEST TO TAKE A COURSE AT ANOTHER INSTITUTION

Name: _____ Student ID No: _____
(Type or Print) Last, First Middle

Date: _____ E-mail: _____
(MM/DD/YY)

Program: _____ Research Interest: _____
(PhD, MS, MA)

COURSES TO BE TAKEN AT OTHER INSTITUTION
Attach official course description from the institution's catalog to this form.

Name of Other Institution _____

Location of Other Institution _____

Course Title _____

Course Code _____ Course Credit Value _____

Expected Semester and Year _____

UCC Course Equivalent
Course Title _____

Course Code _____

I request permission to take the above course and understand that must comply with all requirements in order for the course to be transferred.

Instructions:

Students in good academic standing who wish to have credits completed at another accredited institution transferred to UCC must have permission from the Graduate Program in Biomedical Sciences prior to enrolling at the other school.

A grade of B or better must be earned for the course to transfer back to UCC. Do not take courses graded S/U or Pass/Fail.

Upon completion of course, the student is responsible for having one transcript sent to the UCC Registrar's Office.

Upon approval, this request also may serve as certification that the student named is a student in good standing at Universidad Central del Caribe and has permission to take the course indicated during the specified year and semester at the specified institution. This document is not valid until all signatures are obtained.

Student's Signature

Date (MM/DD/YY)

