COVENANT INTERNATIONAL UNIVERSITY AND SEMINARY CREDIT TRANSFER AGREEMENT FORM

PLEASE PRINT

READ CAREFULLY BEFORE COMPLETING THIS FORM

Date	Student ID						
Name:	Major						
Address:		CIUS COLLEGE:					
City:		SOCIAL SECURITY #					
State:	Zip	Session or Semester					
NAME OF COLLE	GE /INSTITUTION:						

Other college's information (to be completed by student)					CIUS Equivalent (completed by Admissions)			
OTHER COLLEGE DEPT	COURSE NUMBER HRS	SEM HOURS	QTR HRS	CIUS EQUIVANLENT DESIRED (optional)	CIUS DEPT	COURSE NUMBER	SEM HOURS	QTR HOURS
1.				, , ,			*	**
2.							*	**
3.							*	**
4.							*	**
5.							*	**
6.							*	**

Date _____ Credentials Analyst _____

- 1. CIUS does not offer an equivalent course. The decision as to how these courses will fit into your degree program is made by the degree granting school. OR
- 2. The course is equated as "UNDI" by departmental request. To have the course transferred as a specific CIUS course, please contact that CIUS department directly.

^{*} Semester hours will transfer equally.

^{**} If you attend a school on the quarter system, CIUS credit hours are computed as two-thirds of the QUARTER hours taken. *** If UNDI is indicated, the credit hours will transfer as follows: