OFFICE OF THE REGISTRAR
1423 N. Jefferson Avenue
Springfield, MO 65802
(417) 269-8374 Fax: (417) 631-0999
Registrar@coxcollege.edu

Cox College

Transfer Course Credit Request Form
Please attach the following: 1) Course syllabus 2) Copy of Official Transcript if not on file at Cox College.

STUDENT INFORMATION

Name (First, Middle, Last) _____ Degree program/major _____

Phone Number _____ Student Email Address _____ Student ID _____

TRANSFER COURSE INFORMATION

Cox College Course Required for Prorgram:

Prefix _____ Number _____ Title _____ Credit Hrs _____

Course Requested as Substitution:

Prefix _____ Number _____ Title _____ Credit Hrs _____

Semester & Year Taken _____ Grade in Course _____ Institution _____

STUDENT SIGNATURE

I UNDERSTAND THAT MY ELECTRONIC SIGNATURE CARRIES THE SAME WEIGHT AND AUTHORITY AS MY WRITTEN SIGNATURE.

Student Signature _____ Date _____

COLLEGE OFFICIAL SIGNATURES

Advisor _____ Chair/Program Director _____ Approved _____ Denied _____

Comments _____

REGISTRAR ONLY	Date Received	Official transcript on file?	Date/Entered into SIS by:
	Transfer fee of $50 charged to student account _____ Student informed of decision_____		Registrar's Signature

Revised 9/11/2020