

Course Evaluation Request Form for Transfer Credit



Students who plan to take courses from another institution with the intent to transfer the credit to Kettering College of Medical Arts should fill out and submit this form so that the course can be reviewed for transferability. Kettering College of Medical Arts will notify the student or prospective student of transferability within two weeks of submittal.

Note to prospective students: Once you have been admitted to KCMA, your official transcript(s) will be evaluated for transferability. Kettering College of Medical Arts will notify prospective students in writing of what credits are approved for transfer.

- Complete this form if you are seeking transferability preapproval for course(s) you plan to take at another institution.
- Make sure to enclose a course description for each course submitted.
- We will notify you in writing of what credits are preapproved; this preapproval is valid for one year.
- Please note that curriculum changes in a program may mean prerequisites may also change. (Refer to information on transfer credit in the appropriate KCMA *Academic Bulletin*.)
- Return all documents to: Records office, Kettering College of Medical Arts, 3737 Southern Blvd., Kettering, OH 45429

Note to admitted or current students: Complete this form for preapproval on transferability of courses.

- Students are responsible for tracking the courses necessary for the desired degree. Students assume full responsibility for taking courses in a sequence different from the curriculum outlined in the *Academic Bulletin*. (Source: *Academic Bulletin*, section on registration)
- Once a student has enrolled at KCMA, it is expected that he or she will take the remainder of his or her coursework at KCMA. However, there may be instances where students matriculated at KCMA have conflicts that create a need to enroll at another institution. Refer to information in the *Academic Bulletin* on simultaneous enrollment, SOCHE, and dual enrollment.
- Admitted and current students should submit this form with a course description for each course along with the appropriate forms for either SOCHE or dual enrollment.

Additional information about transfer credit is available online: <http://www.kcma.edu/transfercredit>

Name _____ KCMA ID _____ Date _____

Mailing address _____

City _____ State _____ ZIP _____

Contact phone number _____ Desired program of study at KCMA _____

EVALUATION REQUEST

College or university where course is offered _____ Intended term of enrollment _____

Course prefix _____ Course number _____ Credits _____ Quarters or semesters? (circle one)

Course title _____

Course description: Please attach a copy of the course description from the academic bulletin of the college or university offering the course.

KCMA course proposed for equivalency (include course prefix, number, and title) _____

KCMA office use only: Approved _____ Denied _____ Date _____

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KCMA office use only: Approved _____ Denied _____ Date _____