

**Mid-America Baptist Theological Seminary
TRANSFER CREDIT FORM
NEW STUDENTS**

Student: _____ Student ID _____ Student Phone Number _____

Institution From Which Credits Are To Be Transferred _____

Date _____ Academic Program _____ Advisor _____

CREDITS TO BE TRANSFERRED				EQUIVALENT IN MID-AMERICA SEMESTER HOURS				
COURSE NUMBER	COURSE NAME	COURSE GRADE	SEMESTER HOURS	COURSE NUMBER	COURSE NAME	REQUIRED HOURS	ELECTIVE HOURS	

STUDENT: DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

	<u>Reviewed By</u>	<u>Date</u>	<u>Comments</u>
Registrar's Office	_____	_____	_____
Dean of Master & Undergraduate Committee	_____	_____	_____
Academic VP	_____	_____	_____