

CLIMB

Credit Transfer Request Form

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Init. _____
 Date of Birth _____ Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 E-mail Address _____
 Transfer School: _____

Degree Program

- Biblical Studies
- Missions
- Medical Missions
- Christian Leadership
- Pastoral Ministry

Credits for Transfer

Course to Transfer	Crs	CLIMB Equivalent	Granted	Denied	Crs	Required / Elective	Comments

Approved By: _____
 Date: _____

Required:	
Elective:	