



**WASHINGTON COLLEGE**  
Office of the Registrar  
300 Washington Ave.  
Chestertown, MD 21620  
410-778-7299

**TRANSFER COURSE PERMIT**

\_\_\_\_\_ **TERM/YEAR**

\_\_\_\_\_ has permission to attend the following college/university  
STUDENT'S NAME

\_\_\_\_\_ and transfer the  
NAME OF INSTITUTION

following courses to Washington College.

Use separate form  
for each school  
you may attend.

COURSE NUMBER OF OUTSIDE INSTITUTION	COURSE TITLE	W. C. EQUIVALENT	SIGNATURE OF DEPT. CHAIRMAN
1.			
2.			
3.			
4.			

\_\_\_\_\_  
ADVISOR'S APPROVAL

\_\_\_\_\_  
DATE