-Office of the Registrar Box 4028   20 Nelson Hall Clinton, MS 39058 601-925-3210 Registrar@mc.edu www.mc.edu/offices/registrar				<b>Instructions:</b> Use this form if you have credit that is technical, vocational or courses from non-accredited schools that you would like reviewed for transfer as an MC course. Complete steps 1, 2, 3, and 4. Once complete, submit this form and course syllabus to the department chair of the content area to complete step 5. Departments can submit signed forms to the Registrar's office.		
Step 1: Student Information Student's Name:				MC ID #:		
лајог: Minor:						
	Internationa On your Deg	al Student greeWorks E	Evaluation, does this school h contact the Registrar's Office.		isted as "TVN	IA – Elective
Step 2: College information of course to be reviewed Name:				Phone:		
Address:			City:		_State:	
Website:						
Course to be reviewed Proposed	Course Prefix	Course Number	labus to this review request.	Credit Hours Hrs: Semester Quarter	Course applies to: DMajor Minor Core	Grade Earned
MC Course Equivalent						N/A
Step 4: Signatures Signature of Student Signature of Advisor				Date Date		
	ermination of : Course to be : Course to be	e numbered a	as hin the department	□2XX □3	XX □4XX	
Major Class Signature: Dept Chair/Date				Dean/Date		
Minor Class Signature: Dept Chair/Date				Dean/Date		
Core Class S	ignature (Dep	ot of Content	): Dept Chair/Date			
			Dean/Date			
Step 6: Regis □Processed: Notes:				Date		