



Office of the Registrar

Request for Undergraduate/Graduate Course Notation

For Registrar Use Only
Processed by: _____
Date: _____

NOTE: This form is used when TRAN (General Elective Credit) is originally assigned. Please complete this form to receive designated HBU course credit.
Please return the completed form to the Office of the Registrar. COMPLETE IN INK – DO NOT USE PENCIL

Student Information

Name of Student (please print) _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Last Name First Name Middle Name </div>	Freshman Sophomore Graduate Junior Senior
HBU ID: H HBU E-mail: _____ Phone: _____	

University Information

University Attended: _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> City State Country </div>	Term(s): Semester Fall Spring Year: 20____ Quarter * Winter Summer * 1 quarter credit equals 2/3 semester credit Undergraduate Degree: BA BS BBA BM BSN ADN BGS Major 1: _____ Major 2: _____ Graduate Degree: MACC MACCT MLA MED MATS MBA MAP Major _____
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Note: Please provide course descriptions and syllabus.

Course Information

Course information details (from the transcript)					Equivalent HBU course for transfer credit				Departmental Approval Process		
Subject Code	Course Number	Course Title	Hours	Grade	Subject Code	Course Number	Course Title	Hours	Advisor 's Signature	Dean's Signature	Date

DEPARTMENTAL USE ONLY: The above course(s) have been evaluated and approved with one of the following options:

Substitution valid for all students Subject Code: _____ Course #: _____ Dean Approval: _____	Substitution valid for all students Subject Code: _____ Course #: _____ Dean Approval: _____	Substitution valid for all students Subject Code: _____ Course #: _____ Dean Approval: _____
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