UNITED TRIBES TECHNICAL COLLEGE

OFFICE OF THE REGISTRAR

3315 University Drive
Bismarck, North Dakota 58504
701.255.1853
registrar@uttc.edu
Fax: 701-530-0636

[Clear Form] [Print Form] [Save Form]

CREDIT TRANSFER EQUIVALENCY REQUEST FORM

Student Name: _____ **ID#** _____

Year: _____ **Term:** _____ **Program:** _____

Transcript Source (Name of the institution (s) where the credits are from)

1. _____
2. _____
3. _____

Transfer Institution's Initials	Add/ Remove	Transfer Course Code	Transfer Course Name		Credits	UTTC Course Code	UTTC Course name
			Total Transfer Credits:		0		

Advisors Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

Leadership begins here.