ForsythTech
Education For Life

| Student Last Name | First Name |

SPECIAL CREDIT STUDENT COURSE REQUEST FORM

Student ID#

TERM & YEAR:

Email Address

Fall _____   Spring _____   Summer _____

Phone

Students: Complete this form and submit it to the Student Success Center at specialcredit@forsythtech.edu. Please attach an unofficial copy of your transcript(s) that include your name and the institution name and/or test scores that document completion of the required prerequisite course(s) for the desired class(es). Upon receipt of all necessary forms you will be notified via e-mail within 3-5 business days that your request has been processed.

Course(s) requested:

Course Prefix (ex: PHI)	Course Number (ex. 215)	Course Section (ex. 100B)	Course Prefix, Number, and Section for Two Alternate Courses (ex. PHI-240-100)

Prerequisite fulfilled by:

*The pre-requisites must be supported by submission of unofficial transcripts. Transcripts must be submitted with this form.

Institution (ex: NCSU)	Course Name and Number (ex. Acad. Writ. And Research - ENG 101)	Grade Earned (ex: A)

I understand by completing this form and submitting transcripts that I am not guaranteed the class(es) I wish to enroll in will be available. I understand that it is my sole responsibility to whether or not the courses I complete at Forsyth Tech will transfer and meet requirements at the receiving institution.

Student Signature (Required) _____ Date _____

Prerequisite Met _____   Course Registration Completed By _____ Date _____

Prerequisite not met _____ Reason _____

Request Denied By _____ Date _____