



# Transfer Credit Request from Non-Regionally Accredited Institution

Complete, sign and return a separate form for each college/institute from which transfer credit is requested.

Submit by:

- Email: registrar@northgatech.edu
- Fax: 706.754.7777
- Mail: NGTC Registrar's Office, PO Box 65 Clarkesville, GA 30523
- Hand: Deliver to the receptionist on any NGTC campus

Student Name: \_\_\_\_\_ NGTC Student ID: \_\_\_\_\_

NGTC Email: \_\_\_\_\_@eaglespace.northgatech.edu Phone: (\_\_\_\_\_) \_\_\_\_\_

School where course(s) were completed: \_\_\_\_\_

I authorize NGTC's Registrar to release to the transferring institution named above any information necessary to complete this request.

Student Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Student enters Term and Course information as shown below:

Term Taken	List course(s)	STAFF USE ONLY - RETURN COMPLETED FORM TO REGISTRAR'S OFFICE					
Example: Fall 2015	Example: ENGL 1101	A. Registrar Verification		B. Instructor & Course Verification		C. Department Chair Recommendation & Signature	
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	Grade	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**A. Registrar Verification:** A YES in Column A signifies term and grade (Entered in that column) have been confirmed.

**B. Instructor & Course Material Verification:** A YES in Column B indicates the instructor has appropriate credentials in the discipline. If the YES is not checked, instructor credentials were not deemed adequate. A review response is required from all staff members listed in the Forwarded To section of Column B.

**C. Department Recommendation (After consultation with program faculty):** A YES in Column C signifies approval and recommendation for transfer credit. A NO in this column signifies instructor and/or materials were deficit and transfer credit is NOT recommended. Each department chair/designee must sign beside the Yes or No response.

**Faculty Credential Certification: (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**VPAA (or Designee) Signature: (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

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This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). 9/14/16