WASHINGTON COLLEGE
Office of the Registrar
300 Washington Ave.
Chestertown, MD 21620
410-778-7299

TRANSFER COURSE PERMIT

TERM/YEAR

__________________________
has permission to attend the following college/university

STUDENT'S NAME

__________________________
and transfer the

NAME OF INSTITUTION

following courses to Washington College.

Use separate form for each school you may attend.

<table>
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<tr>
<th>COURSE NUMBER OF OUTSIDE INSTITUTION</th>
<th>COURSE TITLE</th>
<th>W.C. EQUIVALENT</th>
<th>SIGNATURE OF DEPT CHAIRMAN</th>
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ADVISOR'S APPROVAL

__________________________
DATE