AUDIT REQUEST FORM FOR TRANSFER CREDITS

Anticipated term/year of enrollment Spring ____ Fall _____
YEAR YEAR

State of Licensure: _____

Please check the appropriate box:
□ 1. I plan to complete the associate degree by transferring specific college courses and completing the 4-quarter science curriculum.
□ 2. I plan to complete the bachelor degree by transferring 2 years of general college, or a previous degree, and completing the 5-quarter mortuary science curriculum.

PLEASE PRINT

Name: _____
Last First Middle

Address: _____
Street Apt. City State Zip

Phone: _____ _____
Home Cell

SS# _____

Transfer Credits From: (Please list all colleges and universities)

1. _____Term Credits _____ Semester Credits_____
2. _____Term Credits _____ Semester Credits_____
3. _____Term Credits _____ Semester Credits_____
4. _____Term Credits _____ Semester Credits_____

_____ _____
Signature Date

Request Fee $25 (will be applied to application fee when CCMS application is submitted)

Check payable to: CCMS

VISA/MC: _____ Expiration Date: _____