



**TRANSFER CREDIT APPROVAL FORM**  
**Student Records Office**  
**Peru State College**  
**P. O. Box 10**  
**Peru, NE 68421**

TO: \_\_\_\_\_

(Print name of institution where course work is to be completed.)

\_\_\_\_\_  
 (Location of Institution) (Term classes will be taken)

This is to certify that \_\_\_\_\_ is a student in good standing at Peru State College, Peru, NE and is making normal progress toward his/her educational objective. Permission is granted to enroll in the following course(s) via your institution:

<b>COURSE NUMBER AND TITLE</b>	<b>SEMESTER HOUR CREDIT</b>
1. _____	_____
2. _____	_____
3. _____	_____

<b>EQUIVALENT PSC COURSE NUMBER AND TITLE</b>	<b>SEMESTER HOUR CREDIT</b>
1. _____	_____
2. _____	_____
3. _____	_____

Student Contact Information: e-mail \_\_\_\_\_  
 phone \_\_\_\_\_

**OFFICE USE ONLY**

Substitution will be allowed at Peru State College for the course(s) and semester hours listed above. **The student is responsible to request that a transcript be sent to Peru State College upon completion of course.**

**APPROVALS:**

\_\_\_\_\_  
 School Dean Signature and Date Required for ALL students

\_\_\_\_\_  
 Dean of School of Education Signature and Date Required for Teacher Education students and courses

\_\_\_\_\_  
 Student Records Signature and Date Required for ALL students