



DALLAS THEOLOGICAL SEMINARY

# M.A./BC COURSE TRANSFER APPROVAL

*(Please print or type)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I.D. #: \_\_\_\_\_ Box #: \_\_\_\_\_ Email: \_\_\_\_\_

Department Approval \_\_\_\_\_ Date: \_\_\_\_\_

Valid for \_\_\_\_\_ – \_\_\_\_\_ Academic Year

### Dallas Theological Seminary Information

DTS Course Title: \_\_\_\_\_

DTS Course #: \_\_\_\_\_ Hours: \_\_\_\_\_

DTS Course Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Transfer Request Information

School: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Hours: \_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for wanting transfer: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_