



**REQUEST TO TAKE A COURSE AT ANOTHER INSTITUTION**

Name: \_\_\_\_\_ Student ID No: \_\_\_\_\_  
(Type or Print) Last, First Middle

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(MM/DD/YY)

Program: \_\_\_\_\_ Research Interest: \_\_\_\_\_  
(PhD, MS, MA)

**COURSES TO BE TAKEN AT OTHER INSTITUTION**  
**Attach official course description from the institution's catalog to this form.**

Name of Other Institution \_\_\_\_\_

Location of Other Institution \_\_\_\_\_

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

Course Code \_\_\_\_\_ Course Credit Value \_\_\_\_\_

Expected Semester and Year \_\_\_\_\_

UCC Course Equivalent  
Course Title \_\_\_\_\_

Course Code \_\_\_\_\_

I request permission to take the above course and understand that must comply with all requirements in order for the course to be transferred.

**Instructions:**

Students in good academic standing who wish to have credits completed at another accredited institution transferred to UCC must have permission from the Graduate Program in Biomedical Sciences prior to enrolling at the other school.

A grade of B or better must be earned for the course to transfer back to UCC. Do not take courses graded S/U or Pass/Fail.

Upon completion of course, the student is responsible for having one transcript sent to the UCC Registrar's Office.

Upon approval, this request also may serve as certification that the student named is a student in good standing at Universidad Central del Caribe and has permission to take the course indicated during the specified year and semester at the specified institution. This document is not valid until all signatures are obtained.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

