



Student Name _____

Student ID _____

Program of Study _____

Expected Graduation Date: ☐ August ☐ December ☐ May/June Year _____

College/University where course(s) will be taken _____

Semester of study _____

BCC Requirement(s) to be met: COURSE / CREDITS	List of Course(s) to be Transferred Back to BCC: COURSE / TITLE / CREDITS	Approval/BCC Transfer Evaluator: SIGNATURE

It is the student's responsibility to provide BCC with an official transcript of completed course work.

Only grades of "C" or higher are transferable.

Student may wish to furnish BCC with grade report or unofficial transcript to verify transferable grade(s).

To the Registrar of (Name of College/University): _____

I authorize the release of my final grades in the above named courses to the Registrar and/or staff of the Registrar's Office at Berkshire Community College. If an official transcript of these grades cannot reach BCC in time to determine my qualifications for graduation, I authorize you to verify my grades over the phone.

Student's Signature _____ Date _____