



The Restaurant School at
Walnut Hill College

Transfer Credit Application Form

Last Name: _____ First Name: _____

Start Date: _____

Major: _____

I am applying for transfer credit for the following Restaurant School Course (one course per form)

TRS Course Name: _____

TRS Course Number: _____

I am submitting the following course and documentation for consideration:

Course Completed: _____

Course Number: _____

College/University Name: _____

Credits/Hours: _____ Letter Grade Earned: _____

Student Signature: _____ Date: _____

For Academic Advisor _____ Date: _____

Check One

Transfer Credit granted

Transfer Credit NOT granted

Reason: _____

Academic Advisor _____ Date _____