

**REQUEST FOR REVIEW OF TRANSFER COURSE
FOR ECC DESIGNATION**

Complete this form and return it to the Registrar's Office for routing.

Name: _____ Simpson ID number: _____

E-mail: _____ Phone/cell number: _____

REQUEST

Area of Engagement or Embedded Skill requested: _____

Transfer course name and number: _____

From which College/University: _____

Directions:

1. In the "Rationale" section, give detailed information on how the course meets the learning objectives of the Area of Engagement or Embedded Skill.

2. Attach a syllabus that includes a course description, information about readings and assignments, and any other pertinent information.

RATIONALE

Student Signature: _____ Date: _____

General Education Director Signature: _____ Date: _____

Please submit a separate form for each request.