

NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY
DIVISION OF CHURCH MUSIC MINISTRIES

Transfer of Credit Request

NAME _____ DATE _____ NOBTS-ID _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

INSTITUTION NAME _____

COURSE NUMBER _____ COURSE TITLE _____

COURSE DESCRIPTION _____

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COURSE DESCRIPTION _____

(Additional requests can be listed on the back of this form.)

ANTICIPATED SEMESTER OF ENROLLMENT _____

REQUEST FOR TRANSFER OF CREDIT MUST BE COMPLETED AT THE TIME OF APPLICATION. This form must be submitted with the DMA Application for Admission (including official transcripts). Please contact the Division of Church Music Ministries regarding eligibility and procedure. If possible, please submit syllabi from these courses.

FOR OFFICE USE ONLY

RECOMMENDATION: _____

APPROVED (DMA Admissions Committee): _____ DATE _____

NOBTS TRANSCRIPT (for Registrar's Office)

COURSE NUMBER COURSE NAME GRADE
