

KANSAS COLLEGE OF CHINESE MEDICINE

COURSE DETAIL SHEET OF PROFESSIONAL COLLEGES AND TRAINING REQUEST FOR TRANSFER CREDIT

NAME:	COLLEGE TRANSFERRING FROM:	DATE:
ADDRESS:		PHONE NO:
KCCM PROGRAM:	START DATE:	SSN:
	ESTIMATED GRADUATION DATE:	

Course Title and Catalogue Number of Course You Want to Transfer:

Course Description:

Course Objectives:

Course Credit Hours: _____

Course Class/Lab Hours: _____

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