

Student Name: \_\_\_\_\_

"W" ID #: \_\_\_\_\_

Phone number: \_\_\_\_\_

Major: \_\_\_\_\_

**Directions:**

1. List planned course(s) to be taken and additional courses to be considered. Be as specific as possible.
2. Attach any course documentation available.
3. Completed requests with student and advisor signatures must be returned to the Office of the Registrar.

SCHOOL NAME: \_\_\_\_\_

LOCATION/CAMPUS: \_\_\_\_\_

**SHADED AREA IN TABLE to be filled out by University Personnel Only.**

TRANSFER INSTITUTION			TRANSFER RECOMMENDATION					
DEPT/ PREFIX	COURSE NUMBER	COURSE TITLE	DEPT/ PREFIX	COURSE NUMBER	COURSE TITLE	CREDITS	EVALUATOR NAME <i>(printed)</i>	INITIALS

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Office of the Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

School Code Assigned by Office of the Registrar: \_\_\_\_\_