

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. Documentation must be translated into English.
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: _____