

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>)	EVALUATOR SIGNATURE

Provide printed name and signature below

Student: _____ **Date:** _____

Student’s advisor: _____ **Date:** _____

Department Head for evaluated course(s): _____ **Date:** _____

CEAS Associate Dean for Academic Programs: _____ **Date:** _____

Notes:

- This form should **not** be used for one time transfers. Instead, use department curriculum adjustment form.
- Signing this form indicates transfer is valid for other students. Transfer will be added to Wyoming Transfer Catalog.

Comments:

Office of the Registrar: _____ Date: _____

School Code Assigned by Office of the Registrar: _____