

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: _____