

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 |
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Advisor: _____

Date: _____

Student: _____

Date: _____

Office of the Registrar: _____ Date: _____

School Code Assigned by Office of the Registrar: _____