REQUEST TO APPLY TRANSFER COURSE
FOR
A BUSINESS REQUIREMENT

Name: ___________________________ Date: _______________ U Number: __________________
Street Address: ________________________ Daytime Phone: __________________
City: _____________________________ State: _________ Zip: _______________ Major: _______________

1. Course taken at PREVIOUS SCHOOL for which the substitution is requested.

<table>
<thead>
<tr>
<th>Transfer Course Number and Title</th>
<th>Hours</th>
<th>Grade</th>
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Institution Where Taken

Date Taken

2. Business Requirement to which the course will be applied: ___________________________

3. **You must attach supporting documentation: a catalog description and a course syllabus.**

Action Taken: ____ Approved ____ Disapproved ____ Other

Comments:

Department Chair ______________________ Date ____________________

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