



Department Chair

Room

**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.

Transfer Course Number and Title

Hours

Grade

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