

Department Chair	Room

REQUEST TO APPLY TRANSFER COURSE **FOR** A BUSINESS REQUIREMENT

Name: _____ Date: _____ U Number: ____

	Address:			Daytime Phone:	
ity:		State:	Zip:	Major:	
1.	Course taken at PRE	VIOUS SCHOOL for	which the subst	itution is requested.	
	Transfer Course Nur				Grade
	Institution Where Ta	ken			 Date Taken
	Business Requireme	nt to which the cour	se will be applied	1:	
Acti	on Taken: App	proved Disap	pproved (Other	
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