



COURSE TRANSFER REQUEST

Please complete the student section of this form and return it with a copy of the transcript, course syllabus, and pertinent supporting documentation to the campus administrator. Please make copies of all submitted items.

SECTION I: TO BE COMPLETED BY STUDENT

Name: _____

Date: _____ Social Security Number: _____

Program: _____ Degree: _____ Term/Year Entered: _____

Requesting Transfer of (AU Course Title): _____ Course Number: _____

Previous Course Title: _____ Course Number: _____

Institution at which course was taken: _____ Year Taken: _____

Grade Received: _____

Level of Course: undergraduate master level doctoral level

Number of Credits Awarded: _____

Unit of Credit: semester trimester quarter

Approved for review by _____ Signature _____ Date _____

SECTION II: FACULTY REVIEW

The above transfer request is hereby: Granted Denied Date: _____

Printed Name: _____ Signature: _____

Comments:

SECTION III: ADDITIONAL REVIEW (when necessary)

The above transfer request is hereby: Granted Denied Date: _____

Printed Name : _____ Signature: _____

Comments:

STUDENT SERVICES

SHATRNS _____ by: _____ DB: _____ by: _____