



PRE-APPROVAL TRANSFER COURSE AUTHORIZATION

This authorizes _____ (Name of Student) _____ (ID #) _____ (Program)

Mailing address: _____

to take the following courses:

_____, _____ at _____, _____
(Course number and title) (Credits) (College) (Dates)
_____, _____ at _____, _____
(Course number and title) (Credits) (College) (Dates)

_____ Course descriptions have been submitted for the record.

If the student passes each course with a grade of "C" or better, the course(s) will be transferred to the student's record and accepted in lieu of the following courses, upon receipt of the official transcript:

_____, _____
(Course number and title) (Credits)
_____, _____
(Course number and title) (Credits)

Signed: _____ (Date)
(Department Chairperson or Program Director)

Signed: _____ (Date)
(Department Chairperson - Liberal Arts)

Signed: _____ (Date)
(VP Academic Affairs)

cc: Student
Registrar
Financial Aid
Advisor