BUTLER UNIVERSITY

Request for Permission to Transfer Credits in the Last 30 Hours

Please submit this form to your College Dean's Office (locations listed below)

			Date		
ID Number	Adv		Advisor	sor	
Primary Major _					
	□ LSB LSB455G □ CCOM SCM163		CA [□ COE JH180	□ COPHS PB107
I wish to transfer	r credits in my last 30	hours at Butler Unive	rsity by ta	ıking:	
Name of Institution	Semester and Year	Course Title and Nu	mber	Credits	Butler Requirement
Briefly, the reason	n the course(s) are not b	eing taken at Butler Un	iversity:	<u> </u>	
		ave discussed this substitutio		advisor.	
By signing this form,	you acknowledge that you h		n with your		course(s) is granted.
By signing this form,	you acknowledge that you h	ave discussed this substitutio	n with your		course(s) is granted. Date

You must submit separately a "Request for Permission to Transfer Undergraduate Credits" form to ensure

Registration and Records November 2016

your courses will transfer.