THE COLLEGE OF BUSINESS ADMINISTRATION
BUTLER UNIVERSITY
REQUEST FOR APPROVAL OF TRANSFER CREDIT

Student ID #_____ Date_____

Name_____
last first mi

Local Address_____Local Phone_____

I request approval of my enrollment at_____for the_____term, 20_____ to carry the courses specified below, with the understanding that provided I earn grades of C- or better, the credits will be accepted toward the indicated CBA requirements at Butler University.

REQUESTED COURSES: **Indicate classroom (C) or internet (I)**			BUTLER EQUIVALENT:	DEPT. APPROVAL:
1. _____ (Dept. – Number – Title)	**C/I** Credit Hrs.	❑semester ❑quarter ❑other	_____ (Dept. – Number – Title) Credit Hrs.	_____ Initials
2. _____ (Dept. – Number – Title)	**C/I** Credit Hrs.	❑semester ❑quarter ❑other	_____ (Dept. – Number – Title) Credit Hrs.	_____ Initials
3. _____ (Dept. – Number – Title)	**C/I** Credit Hrs.	❑semester ❑quarter ❑other	_____ (Dept. – Number – Title) Credit Hrs.	_____ Initials
4. _____ (Dept. – Number – Title)	**C/I** Credit Hrs.	❑semester ❑quarter ❑other	_____ (Dept. – Number – Title) Credit Hrs.	_____ Initials

Please indicate if you have ever enrolled in this course at Butler and the result:

_____

_____ _____ _____
Student Signature Advisor Signature CBA Dean's Signature

NOTE: Please return the completed form to the the College of Business Administration for approval.

Please request an official transcript mailed to the Office of Registration and Records, Butler University, 4600 Sunset Avenue, Indianapolis, IN 46208, upon completion of the course(s).

Copies to: _____Student _____Advisor _____Registration and Records

(revised – September 2004)