CORE CURRICULUM
BUTLER UNIVERSITY

REQUEST FOR APPROVAL OF TRANSFER CREDIT FOR CORE

Name_____ ID No._____
Last First MI

Home Address_____ Local Address_____

_____ _____
City State Zip City State Zip

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 core curriculum requirements at Butler University.

REQUESTED COURSES:		BUTLER CORE EQUIVALENT:		DEPT. APPROVAL:
	❑semester ❑quarter ❑other			
1. _____ (Dept. – Number – Title)	Credit Hrs.	_____ (Dept. – Number – Title)	Credit Hrs.	_____ Initials
	❑semester ❑quarter ❑other			
2. _____ (Dept. – Number – Title)	Credit Hrs.	_____ (Dept. – Number – Title)	Credit Hrs.	_____ Initials
	❑semester ❑quarter ❑other			
3. _____ (Dept. – Number – Title)	Credit Hrs.	_____ (Dept. – Number – Title)	Credit Hrs.	_____ Initials
	❑semester ❑quarter ❑other			
4. _____ (Dept. – Number – Title)	Credit Hrs.	_____ (Dept. – Number – Title)	Credit Hrs.	_____ Initials
	❑semester ❑quarter ❑other			
5. _____ (Dept. – Number – Title)	Credit Hrs.	_____ (Dept. – Number – Title)	Credit Hrs.	_____ Initials

List any courses that will be taken on-line: _____

_____

_____ _____ _____
Student Signature Advisor Signature LAS Dean's Signature

NOTE: Please return the completed form to the Office of the Dean of the College of Liberal Arts and Sciences for approval. Copies of the approved request form will be distributed to: 1) the Registration and Records office; 2) your advisor; and 3) your file in the college of your major; the original will be returned to you.

Please have 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).

(revised – May 2009)