THE JORDAN COLLEGE OF FINE ARTS
BUTLER UNIVERSITY

REQUEST FOR APPROVAL OF TRANSFER CREDIT

Name_____ ID No._____
Last First MI

Local Address_____

_____ _____
City State Zip E-Mail Address

Local phone _____

I request approval of my enrollment at_____ for the_____ term, 20____, to take the courses specified below, with the understanding that provided I earn grades of C- or better, the credits will be accepted toward the indicated JCFA and/or undergraduate elective requirements at Butler University.

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

Please list any additional courses on the back of this form and obtain appropriate signatures.

_____ _____ _____
Student Signature Advisor Signature JCFA Dean's Signature

NOTE: Please return the completed form to the JCFA Dean's Office for approval. Copies of the approved request form will be distributed to: 1) the Registration and Records office; 2) your advisor; 3) your file in JCFA, and 4) 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 –October 2004 by M .Endre)