THE COLLEGE OF LIBERAL ARTS & SCIENCES
BUTLER UNIVERSITY

REQUEST FOR APPROVAL OF TRANSFER CREDIT

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 LAS and/or undergraduate requirements at Butler University.

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