THE COLLEGE OF EDUCATION
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 COE and/or undergraduate requirements at Butler University.

REQUESTED COURSES:			BUTLER 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

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

_____ _____ _____
Student Signature Advisor Signature COE Dean's Signature

NOTE: Please return the completed form to the Office of the Dean of the College of Education 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 COE; and 4) 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)