

**COLLEGE OF BUSINESS
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 course(s) specified below, with the understanding that provided I earn grades of C- or better, the
credits will be accepted toward the indicated COB requirements at Butler University.

College _____ Major(s) _____ Minor(s) _____

REQUESTED COURSES:

1. _____
(Dept. – Number – Title) Credit Hrs.

semester
quarter
other

BUTLER EQUIVALENT:

(Dept. – Number – Title) Credit Hrs.

DEPT. PROVAL:

Initials

2. _____
(Dept. – Number – Title) Credit Hrs.

semester
quarter
other

(Dept. – Number – Title) Credit Hrs.

Initials

College of Business courses should be from a 4-year institution (preferably AACSB Accreditation)

Please indicate if the course(s) for transfer are classroom or online: _____

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

student signature

advisor signature

Director of Undergraduate Advising, COB

NOTE: Please return the completed form to the College of Business 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).

Original – Student
Copies – Dean, Student’s Advisor, Registration & Records