

REQUEST FOR APPROVAL OF TRANSFER CREDIT FOR CORE CURRICULUM

Name _____ ID No. _____ BU College _____
Last First MI

Home Addr _____ Local Addr _____ Major _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Local phone _____ Date of Request _____ BU Email _____

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.

Course selections and approvals must be approved in advance to ensure that credits will be accepted at Butler University.

REQUESTED COURSES:	BUTLER CORE EQUIVALENT:	Please indicate the area of the Core (AR, NW, PCA, PWB, SW, TI)
1. _____ (Dept.-Number-Title) Credit Hrs.	<input type="checkbox"/> semester <input type="checkbox"/> quarter <input type="checkbox"/> other _____ (Dept.-Number-Title) Credit Hrs.	Approved: _____ Not Approved: _____ Initials _____
2. _____ (Dept.-Number-Title) Credit Hrs.	<input type="checkbox"/> semester <input type="checkbox"/> quarter <input type="checkbox"/> other _____ (Dept.-Number-Title) Credit Hrs.	Approved: _____ Not Approved: _____ Initials _____
3. _____ (Dept.-Number-Title) Credit Hrs.	<input type="checkbox"/> semester <input type="checkbox"/> quarter <input type="checkbox"/> other _____ (Dept.-Number-Title) Credit Hrs.	Approved: _____ Not Approved: _____ Initials _____
4. _____ (Dept.-Number-Title) Credit Hrs.	<input type="checkbox"/> semester <input type="checkbox"/> quarter <input type="checkbox"/> other _____ (Dept.-Number-Title) Credit Hrs.	Approved: _____ Not Approved: _____ Initials _____

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

Student Signature Print Advisor Name Advisor Signature Core Administrator Signature Date

After obtaining Advisor's signature and department head's signature, please return one copy of this completed form with syllabus or course description attached, to JH109 for the Core Administrator's signature.

The original request form will be retained in the Registration and Records office. Copies will be distributed to 1) your Butler email address; 2) your advisor; and 3) your file in the college of your major.

Once the course has been completed, please have an official transcript, with grade, mailed to: the Office of Registration and Records, Butler University, 4600 Sunset Avenue, Indianapolis, IN 46208