



TRANSFER APPROVAL FORM

Circle term in which classes will be taken: Summer Fall Spring Year: _____

Name: _____ ID#: _____
Last First Middle

Major: _____ Advisor: _____

LR Email: _____

Phone number: _____ Anticipated Month and Year of Graduation: _____

I would like approval to attend _____ College/University and take the following courses for transfer credit:

Course Code & Number (Ex COM 231)	Course Name	LR Code & Number (EX COM 111)	LR Course Name	Transfer Hours

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