

TOTAL CREDITS						

Dean/Designated School Representative's signature _____ Date _____

Department Chair _____ Date _____

name and signature

name and signature

Other applicable signatures as needed:

Name and Position _____ Signature _____ Date _____

Name and Position _____ Signature _____ Date _____

Name and Position _____ Signature _____ Date _____

The Registrar _____ Date _____

name and signature

Description, syllabus and other supported documents must be attached. No transfers without supported documents will be processed.

Office of the Registrar use only	
Processed by: _____	Date: _____