

**Pre-Approval of  
Transfer Credit**



**Attention:** Students who want to use credit from a Truman-sponsored study abroad experience toward degree requirements should use a substitution form.

Name: \_\_\_\_\_ ID#: 00- \_\_\_\_\_

Current Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

First Semester at Truman: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Please indicate if you are participating in intercollegiate athletics at Truman: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Transfer of Credit**

Institution at which course(s) will be completed: \_\_\_\_\_

Location of transfer institution: \_\_\_\_\_

Semester and year course(s) will be completed: \_\_\_\_\_

Major: \_\_\_\_\_

Will these course(s) be within your last 28 hours of coursework needed to graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will these course(s) be a repeat of a course(s) previously taken? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide the discipline, course number, course title, and credit hours for the course(s) you want to transfer to Truman. Use the transfer institution's discipline, course number, and title. Attach course descriptions for each of the courses listed. The Registrar's Office will assign the Truman equivalent for each course in consultation with the faculty and department chair from the appropriate discipline(s).

SUBJ	CRS#	TITLE	TRUMAN EQUIVALENT

I understand that I must have an official transcript sent directly to the Truman State University Registrar's Office upon completion of the transfer course(s) listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office use only:</b>	
Decision: _____	Date: _____
Registrar Initials: _____	Approved Term: _____