## **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	S:					
Email:				Phone Number:			
First Semester at Truman:				Anticipated Graduation Date:			
Please i	indicate i	f you are participating in intercolle	giate athletics at Tr	uman:	Yes	No	
	er of Cre on at whi	<u>dit</u> ch course(s) will be completed:					
Location	n of trans	sfer institution:					
Semest	er and ye	ear course(s) will be completed:					
(If you a	nswer ye	es be within your last 28 hours of es please also see instructions bel	ow)	_			
Truman	. Use the s listed. T	he discipline, course number, courtransfer institution's discipline, co he Registrar's Office will assign the chair from the appropriate discipli	urse number, and ti e Truman equivalen	tle. Attach co	ourse description	s for each of the	
SUBJ	CRS#	TITLE	TRUN	IAN EQUIV	ALENT		
		I must have an official transcript set transfer course(s) listed above.	nt directly to the Trur	nan State Un	iversity Registrar's	Office upon	
Student Signature:					Date:		
Your las above w requirer	t 28 hour vill be cor nent has	our Residency Requirement s of coursework must be completed npleted during your last 28 hours, y been approved by your Academic E m and a brief description of your re	ou may not transfer Dean. To petition for	these course a waiver, atta	s unless a waiver o	of the residency Vaiver of Graduation	
For O	office Us	e Only					
Registrar's Office Approval:					Date:		
Dean's Approval:					Date:		
Provost's approval:					Date:		