



TRANSFER CREDIT APPROVAL

Student's Name _____ Student ID Number _____
Last First Middle

Class Level _____ Major _____

I, _____ petition Dominican University to permit me to take the
Student's Name
following course at _____ during the _____ semester/quarter:
Name of Other Institution Term and Year

Course Number: _____ Course Title: _____
External Code External Title

Credit Hours (measured in semester hours): _____ Equivalent Dominican Course (if any): _____

I understand that no credit will be transferred to Dominican University without an official transcript from the other institution's registrar's office. I understand that I am responsible for having the transcript sent to the Office of the Registrar, Dominican University, 7900 West Division Street, River Forest, IL 60305.

Student Signature: _____ Date: _____

1. This course is a repeat of another course that I have previously taken: Yes _____ No _____
2. This course is being taken (check one):
 ___ to fulfill a major/minor requirement. ___ to fulfill a teacher certification requirement.
 ___ to fulfill a core curriculum requirement. ___ to count toward the 124 semester hours as an elective.
3. ___ Must be initialed by the Core Curriculum Chair if the course is intended to fulfill the multicultural requirement
4. I am a student athlete and intend for this course to be used towards determining satisfactory progress towards my degree and eligibility for participation in intercollegiate athletics: Yes _____ No _____

Signatures Required:

_____	_____	_____
Advisor	Date	Comments
_____	_____	_____
Office of the Registrar	Date	Comments