APPLICATION FOR TRANSFER OF CREDIT

Request is for (indicate all that are appropriate):
____concurrent enrollment with another school & Union U.
____correspondence/video/cassette enrollment
____junior/community college enrollment beyond 70 hrs. earned
____within last 12 hours of degree requirements

Student's name_____ ID# _____

Address _____

Name of College _____

Course_____ _____ _____ _____
Prefix No. Title Credit

Beginning & Ending Dates of Course _____

Reason(s) for Request (include why the course is not available to you through Union University):

_____

_____

_____

_____ _____ _____
STUDENT'S SIGNATURE DATE STUDENT'S PRINTED SIGNATURE

FOR OFFICE USE ONLY

Total Hrs. Earned from ALL Schools _____

Number of hours to be taken concurrently at Union U. _____

Student's Cumulative GPA at Union U. _____

Action by Director: Approved Denied
Deferred pending additional information

_____

_____

_____

_____ _____
LAUNCH DIRECTOR'S SIGNATURE DATE