



School of Adult and Continuing Education 12800 N. Lake Shore Drive Mequon, WI 53097-2402

TRANSFER REQUEST FORM

I request authorization to take the following course/exam and have the credits applied to my transcript. I understand it is my responsibility to have official transcripts/test results sent to CUW.

Name (Please Print) _____ Student ID _____ Class/Location _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Email Address _____

_____ CLEP _____ DANTES _____ Other Institution*

*Please include a full page photocopy of course description or describe how instruction/learning will be provided or tested.

Please use only 1 form per course.

Course/Exam Title/Number _____ Provider _____

Anticipate Start Date (Month/Year) _____ Anticipated Completion Date (Month/Year) _____

I anticipate that upon successful completion, the above course/exam will meet the following requirement:

Core Curriculum _____ or Elective _____

Date _____ Student Signature _____

Allow two weeks to process request.

Please do not tear apart – student copy will be returned after review

-----FOR OFFICE USE ONLY -----

AUTHORIZATION FORM

The above request has been: _____ APPROVED _____ DENIED

Comments: _____

Date: _____ Authorized Signature: _____

The student's file must contain an authorization form for any credit course(s) applied to the student's transcript after admission into the program. Eligible credits to be considered are those from various traditional (quarter, semester format) or non-traditional courses including CLEP, DANTES, independent study, correspondence or telecourse, course exam challenges. All coursework must be taken at a regionally accredited institution.