REQUEST FOR

TRANSFER COURSE PRE-APPROVAL

Student notification by:



▶ INSTRUCTIONS and GUIDELINES

Please print legibly. The information below is required for student notification

1. To insure applicability to a student's and will be used for mailing. degree plan and academic program, a course taken at another institution for transfer to Maryville must be approved prior to beginning the course. STUDENT INFORMATION 2. A Maryville degree requires that students complete the last 30 credit hours at Name: Maryville and requires that 60 credit hours are completed at a four year institution. Address: Exceptions to these requirements may be requested using a Petition for Exemption to City, State, Zip Code: Academic Policy available in the Student Service Center located in Gander Hall, Room 124. Maryville email address: 3. Return the approved Transfer Course Pre-Approval form to the Student Service Center (see inquiry information below) Maryville student ID prior to beginning the transfer course. Student level (check one): 4. After completing the pre-approved transfer course, the student must request an official ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior transcript from the institution to complete the transfer of credit to Maryville. The Transfer course to substitute for Maryville requirement in (check one): official transcript should be directed to the Student Service Center (see inquiry ☐ Major ☐ Minor ☐ General Education ☐ Other _ information below). TRANSFER COURSE INFORMATION SEMESTER ____SP ___SU ___FA Name of institution: Brief description of transfer course: Location of institution: Institution's Course title:_ Institution's Institution's Credit course prefix: _ course number: _ hours: ▶ MARYVILLE COURSE INFORMATION (transfer course to substitute Reason for Transfer Course Pre-Approval request: for this Maryville course) Maryville course title:_ Maryville Maryville Credit course number: ____ ___ hours: _ Direct inquiries to: APPROVALS Maryville University Student Service Center 124 Gander Hall Adviser: Date: __ 650 Maryville University Drive (signature required) St. Louis, MO 63141 ssc@maryville.edu Dean: Date: Telephone: (314) 529-9360 (signature required) Fax: (314) 529-9925 05/15 For Registrar's Office Use

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initials