

Southern Illinois University Edwardsville
Senior with Degree - Transfer Credit Request

Use of this form limited to admitted undergraduate Senior with Degree students and for internal use only.

Advisor Instructions: If you have identified specific transfer credit fulfilling major/minor requirements, please indicate below and return to Credit Articulation & Degree Audit (address below). Identified equivalent credit will be posted to the student's academic record and this form will be imaged to the student's permanent file. **An official transcript from the reporting institution and reflecting the transfer credit must be on file in the Office of the Registrar.**

Student Name _____ **Banner ID** _____

Major _____ **Minor** _____

| Transfer Information | | | | | SIUE Major/Minor Information | | |
|---|--------------------------------------|--------------------------|--------------------------|--------------|--|--------------------------|--------------------------|
| <i>Transferring Institution (do not abbreviate)</i> | <i>Transferring Course Title</i> | <i>Course Prefix</i> | <i>Course Number</i> | <i>Hours</i> | <i>SIUE Equivalent* Course Title</i> | <i>Course Prefix</i> | <i>Course Number</i> |
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| SIUE Major/Minor Department | | Date |
| Department Advisor (please print) | | |
| Department Advisor (Signature) | | |

*equivalent must be approved by SIUE Department in which course is offered

SIUE, Office of the Registrar
 Credit Articulation & Degree Audit
 Rendleman 1207, Campus Box 1047
 Phone (618) 650-2838 Fax (618) 650-3332