



Business Course Transfer Request

(Complete one form for each SCSU Business course requested.)

(Additional forms can be found at: <http://www.stcloudstate.edu/hbs/prebusiness/forms.asp>)

Name: _____ SCSU ID#: _____
 Phone: _____ Email: _____@stcloudstate.edu Date: _____

Number and title of transfer course(s) to be considered	# Credits transferred	Transfer Institution name and web address	Number and title of SCSU course to be considered

1) Attach copies of the following:

- Transfer Course Summary page(s) from SCSU "DARS" report. Circle course to be reviewed.
- Transcripts from transferring institution (A copy of unofficial transcript is sufficient).
- Syllabus from transfer course(s) listed in first column above. The syllabus must list the topics covered, text used and methods of testing.

2) Submit this form with the required documents to the appropriate department:

Accounting	CH 442	Finance, Insurance, Real Estate	CH 463
Information Systems	CH 443	Management	CH 439
Marketing	CH 462		

Requests without the required documentation will not be reviewed. You will be notified by e-mail of the department decision.

-----**For Department Use Only**-----

Reviewed by: Professor _____ Date _____

Comments:

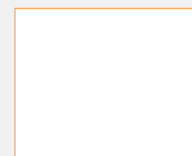
Dept. Chairperson Name: _____

Approved: Student School

Note: Cannot approve "School" if International School

Dept. Chairperson Signature: _____

Denied:



Date: _____

Valid only if dept. stamp affixed