

Request Re-Evaluation of Transfer Credit for Liberal Arts

Office of the University Registrar
 1100 E. 5th St., Anderson, IN 46012-3495
 Phone: 765.641.4169 Fax: 765.641.3015



Name _____ Student ID _____ Date _____

Name of Transfer School _____

IF MORE THAN ONE TRANSFER INSTITUTION, PLEASE USE A SEPARATE SHEET FOR EACH

AU Catalog Year 12-14 10-12 08-10 06-08 *based on year of entry*

Initial each statement after reading.

_____ This form is for Liberal Arts re-evaluation only. Major or Minor re-evaluations should be directed to the department.

_____ If the requirement calls for an upper-division course, the transfer course must be numbered 300 or above or it will not be considered for approval.

_____ Along with this form you must provide a course description, syllabus, and any communication from the instructor.

Transfer Course

Number example: HU 151	Title example: Humanities I	AU Liberal Arts Content Area example: 3B Appreciation	office use only Approved? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any additional courses for this same transfer institution on the back.

office use only

ASSOCIATE REGISTRAR SIGNATURE _____

DATE _____