



# SOUTHWESTERN UNIVERSITY

## PERMISSION TO ADD TRANSFER COURSES TO SOUTHWESTERN UNIVERSITY RECORD

*PLEASE NOTE:*

- This application should be filed in advance if you plan to transfer work from another college or university. Complete the course information below and return to the Center for Academic Success and Registrar for approval. If a course equivalency cannot be determined, the form will be returned to the student for a signature from the appropriate Department Chair.
- Transfer course work must be reported by official transcript mailed to the Center for Academic Success and Registrar at Southwestern University. (See address below)
- No grade below C- will transfer.
- Special Permission is required for transfer of credits in the last 32 hours of work in your degree. (See box below)
- No course taken at a junior or community college will count as upper level.
- Approval of this course is not a guarantee of meeting degree plan requirements.

*PLEASE CLEARLY PRINT ALL INFORMATION*

Name: \_\_\_\_\_

Student ID or SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

SU Email: \_\_\_\_\_ SU Box: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Number of Total Completed Credit Hours *before* taking the requested course(s): \_\_\_\_\_

Name/ Location of College where course(s) will be taken: \_\_\_\_\_

Session:  SU 20\_\_  FA 20\_\_  SP 20\_\_ Classification:  FY  SO  JR  SR

DEPT.	COURSE # THERE	COMPARABLE # HERE	CREDIT HOURS	ONLINE COURSE? Y OR N	APPROVAL SIGNATURE OF DEPARTMENT CHAIR	DATE

**SPECIAL PERMISSION REQUESTED:**  
**In last 32 hours? YES \_\_\_ NO \_\_\_**  
**Approval of Registrar Personnel:**  
 \_\_\_\_\_  
**Date:** \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Academic Advisor

Center for Academic Success and Registrar • PO Box 770 • Georgetown, TX 78627  
Phone: 512-863-1952 • Fax: 512-863-1685 • registrar@southwestern.edu