



Registrar's Office
 910 Elliot Avenue
 Minneapolis, MN 55404
 612.343.4409 (p) 612.343.4435 (f)

Transfer Credit Petition

Name: _____ Date: _____

ID #: _____ Phone: (____) _____

Address/Box #: _____

Major _____ Minor _____

Student Signature _____ Anticipated Graduation Date ____/____/____

Course Petitioning: (one course per form)

Course ID _____ Course Title _____

School _____

Term Enrolled _____

Student Request:

Committee Comments:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewed By _____
Memo Sent ____/____/____	Initials _____	Date Reviewed ____/____/____
HG _____ RGH _____ GPA _____ DR/CI _____	QX _____	Fin Aid _____ Degree Audit _____