

SENIOR TRANSFER CREDIT REQUEST

Name _____ Social Security No. _____
Last First

Date _____ Graduation Date _____ Major _____

Address _____ Phone _____
Street City State Zip

1. Reason For Request:

2. Courses to be taken at an institution other than NIU and after reaching 90 hours:

The course(s) must meet NIU's transfer guidelines and limits. Indicate NIU degree requirements you intend to satisfy with the transfer course(s) in last column.

TRANSFER COURSE(S)				
Department / Number	Hours	Transfer Institution	Semester/Year	NIU Equivalency

3. Concurrent Enrollment:

While enrolled in above listed course(s), I expect also to be enrolled at NIU (same exact semester and year as listed above), and I request permission to be concurrently enrolled. I will be enrolled at NIU for _____ course(s), which involve(s) _____ credit hour(s).

STUDENT: DO NOT WRITE BELOW THIS LINE

Approved
 Denied
 N/A

 Chair, Course Department _____
 Date
(Departmental approval is necessary if the course is required within the major department.)

Approved
 Denied
 N/A

<input type="checkbox"/> Concurrent enrollment approved	<input type="checkbox"/> Concurrent enrollment denied	<input type="checkbox"/> N/A
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 Advising Dean, Major College _____
 Date