

MILLIKIN UNIVERSITY®

Registrar's Office 1184 West Main Street Decatur, Illinois 62522

> 217.424.6217 217.420.6789 www.millikin.edu

Transfer Course Approval

Name:								
Student ID#:	(Please Print or Type) t ID#: Date:							
Ludha agalliag at		_						
I will be enrolling at:	(College/University Name)							
During the: Fall Spri	ing Summer Term of	In (Year)	the classes	listed be	low:			
Courses for Transfer	Please Provide A	LL Inform	.L Information!					
TRANSFER	MILLIKIN					For Offic	e Use Only	
Course Prefix/Number/Title	Course Prefix/Number/Title	Credits	Univ Studies/Major/Elective		Approve/Disapprove			
ex: ENGL101 Composition I	IN 150 CWRR I	3						
All informati	on above must be provided or cla	asses wi	II NOT be A	Approv	ed!			
Major:							<u>-</u>	
	hours from a two-year college will be accep e merit of a request to exceed the 66 credit r		egistrar, in co	nsultatio	n with th	e student's	advisor or	
•	redited institutions provided that 33 of the la accepted. Only credits earned in transfer wil kin overall GPA.		=					
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Registrar Signature				Date				