

## **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:							
(Please Print or Type) Student ID#: Date:							
		_					
I will be enrolling at:							
	(College/University Name)						
During the: Fall Spri	ng Summer Term of	In (Year)	the classes	listed be	low:		
Courses for Transfer	Please Provide A	LL Inform	ation!				
TRANSFER	MILLIKIN					For Office Use Only	
Course Prefix/Number/Title	Course Prefix/Number/Title	Credits	Univ Studies/Major/Elective		Approve/Disapprove		
Ex: MATH116	MA110	3	×				
All information	on above must be provided or cla	sses wil	I NOT be A	Approv	ed!		
	·			••			
	edited institutions provided that 33 of the la accepted. Only credits earned in transfer w in overall GPA.		-			•	
•	n other than Millikin does not eliminate the se will be recorded for zero earned credits, b nt average.			•			•
Office of the Registrar Signature	<del></del> e			Date			
							Rev