

APPROVAL OF SUMMER COURSE(S)

Student Name:			Student ID:	
			Summer:	
I am requestir	ng to take a class at	Name of Scho		
for transfer o courses:	f credits toward the Bachelor	of Arts/S	cience Degree. I am seeking ap	proval for the following
Course # and Dept.	Specific Course Title	С.Н.	Thiel Equivalent	Apply as Major/Core/ Elective
	must come directly from the school in v		se <u>credits</u> to transfer. For acceptance of the reses are taken to the Registrars Office at Th	
Student Signature		_	Date	
Approved by	:			
Academic Advisor		-	Date	
*Department Chairperson		_	Date	
Registrar		_	Date	

*Department chair signature is required for courses in your major.