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Transient Student Request

☐General Education Request ☐ Major or Minor Request Name Student ID# Today's Date **Phone Number** E-mail Address Term, Year course Andrews University College/School Major Academic Advisor I hereby request permission to pursue the following academic work at the indicated institution during the term listed above. Name of Institution Address/Web address Requested Courses To Be Taken **Equivalent Courses at Andrews University** ACRN/Number Title Credit Hrs. ACRN/Number Title Credit Hrs. Students must obtain prior approval from their Academic Dean or Director of General Education for course work taken as transient students at another institution. The student must make arrangements for a transcript of any such course work to be mailed directly to the Office of the Registrar at Andrews University in a sealed envelope. The transcript may not be delivered by the student. In order for credit to transfer to Andrews University, the grades earned at other institutions must be 'C-' or better. Please send Official Transcripts to: Please fax **Transient Student Forms** to: Andrews University: Articulation Coordinator College of Arts and Science/GE (269) 471-6236 College of Education and International Services (269) 471-6374 Administration Building, Rm. 204 College of Health and Human Services (269) 471-6292 4150 Administration Drive College of Professions (269) 471-6158 Berrien Springs, MI 49104 Phone: (269) 471-3979 **Director of General Education** Chair of Department or Academic Advisor Date Date Dean of College Date

Date

Student Signature