

# Andrews University

Seek Knowledge. Affirm Faith. Change the World.

## Transient Student Request

\_\_\_\_\_  
Name Student ID# Date

\_\_\_\_\_  
Phone Number E-mail Address Term/Year

\_\_\_\_\_  
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.

\_\_\_\_\_  
Name of Institution Address/Web address

### Requested Courses To Be Taken

ACRN/Number Title Credit Hrs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Equivalent Courses at Andrews University

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 sent directly to the Office of the Registrar at Andrews University, promptly following the completion of coursework. 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 the following address:

Office of the Registrar  
Andrews University  
Berrien Springs, MI 49104  
269-471-3375 (phone)  
269-471-6001 (fax)

☐ Major or Minor Request

☐ General Education Request

\_\_\_\_\_  
Chair of Department Date

\_\_\_\_\_  
Director of General Education Date

\_\_\_\_\_  
Dean of College/School Date

\_\_\_\_\_  
Student Signature Date