ACADEMIC ADVISING CENTER TRANSFER OF ACADEMIC RECORDS

Advisee Name: ____________________________________________

Colleague ID #: ____________________________________________

Semester of Entry: ____________________________________________

Semester of Transfer: ____________________________________________

Date of Declaration of Major

Freshman Advisor’s Name: ____________________________________________

Freshman Advisor’s Signature: ____________________________________________

Department Advisor’s Name: ____________________________________________

Major Declaring: ____________________________________________

Records Enclosed:

High School Transcript   ____

Core Curriculum Audit   ____

and Course History Sheet
Listing Courses Taken to Date

Grade Reports   ____

Follow Up Reports   ____

Placement Test Results   ____

Including Oral Communications

Transfer Credit   ____

Equivalencies Approvals   ____

NAK:ls 8/4/10