

TRANSFER CREDIT PREAPPROVAL

A To be filled out by student. Note: Part B should be completed by Registration & Transcripts staff unless your transcript will be generated by a college outside the United States; then Part B should be completed by International Admissions Office staff.

Print Name (Last, First, M.I.) _____

Student Identification Number _____

Official UA Email Address _____

College/Major _____

Transfer Institution Name and Location _____

Term of Enrollment at Transfer Institution (Semester/Year) _____

I am responsible for ensuring an official transcript is mailed from the other institution to The University of Arizona, Registration and Transcripts office.

Student Signature: _____

Date: _____

Transfer Course Work

B Office Use Only

C To be signed by the appropriate advisor(s).

UA Requirement and Approval

Course Prefix	Course Number	Course Title	Units	U-Division	L-Division	Deny	UA Course or Requirement	Signature of Approval	Date
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

B Office Use Only

Is the institution the student plans to attend regionally accredited? Yes No School Code: Staff Initials: Date: