



Transient Student Request

'General Education Request 'Major or Minor Request

_____		_____	_____
Name		Student ID#	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

<u>Requested Courses To Be Taken</u>			<u>Equivalent Courses at Andrews University</u>		
ACRN/Number	Title	Credit Hrs.	ACRN/Number	Title	Credit Hrs.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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Please sendK((] o dœ v• œ]%œ š• to W Wo • d(œœv•] v š ^š}œœ š}šW

v œ Á• hv]À œ•]šÇW œš] µo š}}v }}œ]vœœœ } (œš• v ^] v l' ~îòõ• ðóíróîîò
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 Berrien Springs, MI 49104 }œœ P } (Wœ-î(òõ•]vðóíróîîò
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_____	_____	_____	_____
Chair of Department	Academic Advisor	Date	Director of General Education
			Date

_____	_____
Dean of College	Date

_____	_____
Student Signature	Date