



Request For Enrollment At Another University

Please note: **You are responsible for knowing the transferrability of courses you will be taking at other institutions.** You should verify whether or not the course you intend to take will transfer to Texas Wesleyan University **before** you register for the class. The Office of Student Records cannot be held responsible if you choose to take a course for which we are unable to award credit. You should obtain permission prior to each semester of enrollment at another institution.

Name _____

Student ID _____ Current major _____

Telephone _____ Graduation Date _____

Name of University _____				
Dates: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Intercession <input type="checkbox"/> Year _____				
<i>Please list the other institution's courses intended for transfer (not the TWU equivalent):</i>				
Course & Number _____	Title _____			
Required for: General Education Curriculum (GEC) <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective <input type="checkbox"/>				
Course & Number _____	Title _____			
Required for: General Education Curriculum (GEC) <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective <input type="checkbox"/>				
Course & Number _____	Title _____			
Required for: General Education Curriculum (GEC) <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective <input type="checkbox"/>				
Course & Number _____	Title _____			
Required for: General Education Curriculum (GEC) <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective <input type="checkbox"/>				

Will you be enrolled concurrently at Texas Wesleyan University? Yes No

If yes, how many hours will you take at Texas Wesleyan University? _____

List courses here (e.g., ENG-2311) _____

Reason for request: _____

Student Signature _____ Date _____

Major Advisor _____ Date _____

Dean _____ Date _____