

# TRANSFER CREDIT REQUEST

College of Health and Human Sciences  
HHS Advising Office , Wirtz Hall 227  
815-753-1891 (Phone) 815-753-6169 (Fax)  
HHSAdvisingHelp@niu.edu

**Upon completion, send official transcript to : Registration & Records Williston 220, DeKalb, IL 60115**

**FOR IMMEDIATE REVIEW: Bring completed form to HHS Advising Office, Wirtz 227, to meet with an academic advisor during walk-in advising hours (Call office to verify walk-in hours/availability.)**

**FORMS SUBMITTED BY EMAIL, FAX OR LEFT IN THE OFFICE: Requests will be reviewed as time permits and confirmation sent to student's NIU ZID email.**

Name \_\_\_\_\_ Z-ID \_\_\_\_\_  
Last First

Date \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

## **1. Reason for Request:**

## **2. Courses to be taken at an institution other than NIU:**

The course(s) must meet NIU's transfer guidelines and limits. Indicate NIU degree requirements you intend to satisfy with the transfer course(s) in last column.

Department/Number	Hours	Transfer Institution	Semester/Year	NIU Equivalency

## **3. Concurrent Enrollment:**

Enrolled for: \_\_\_\_\_ courses at NIU for \_\_\_\_\_ credit hour(s) during the same exact semester and year I will be enrolled in the above transfer course(s).

STUDENT: DO NOT WRITE BELOW THIS LINE

### **Concurrent Enrollment / Senior Transfer Credit Request**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ NA

\_\_\_\_\_  
Chair Course Dept.  
(Dept. approval is necessary if the course is required within the major department).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advising Dean Major College

\_\_\_\_\_  
Date