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.

<table>
<thead>
<tr>
<th>Department/Number</th>
<th>Hours</th>
<th>Transfer Institution</th>
<th>Semester/Year</th>
<th>NIU Equivalency</th>
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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.  Date
(Dept. approval is necessary if the course is required within the major department).

Advising Dean  Major College  Date