# Transfer Course

**PETITION FORM**

**Please read** the enclosed Transfer Course Petition Guide and Instructions before completing the petition form. Use additional petition forms if necessary.

**Return this petition form and required supporting materials** in person or by mail to: Office of Admissions, University of Minnesota, 240 Williamson Hall, 231 Pillsbury Drive SE, Minneapolis, MN 55455-0213. You may also fax your petition to 612-626-1693 or email admissions@umn.edu. If you have questions, please contact the Office of Admissions at 612-625-2008, 1-800-752-1000, or http://admissions.tc.umn.edu/forms/transcredit.html.

**Name** | **UM ID#** | **Date**
---|---|---

**UMN Email address** | **Phone number**
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**UMTC college** | **Expected graduation date** (Term/year)
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**Please review the following courses for** (check all that apply):

- [ ] Liberal Education core and/or theme
- [ ] First-year Writing and/or [ ] Writing Intensive requirements
- [ ] Transfer credit approval for: [ ] military course

(Contact your adviser if you wish to petition major credit or religious studies credit. Do not use this form.)

1) **Course dept/#/title:** Where taken:  
   **Reason for petition:**  

2) **Course dept/#/title:** Where taken:  
   **Reason for petition:**  

3) **Course dept/#/title:** Where taken:  
   **Reason for petition:**
Petition Results

Course 1):

☐ Approved  ☐ Not Approved

Comments:__________________________________________________________________________________
___________________________________________________________________________________________

Course 2):

☐ Approved  ☐ Not Approved

Comments:__________________________________________________________________________________
___________________________________________________________________________________________

Course 3):

☐ Approved  ☐ Not Approved

Comments:__________________________________________________________________________________
___________________________________________________________________________________________

Evaluator's signature ___________________________  Date ___________________________