

The University of Louisiana at Monroe
 College of Arts, Education, and Sciences
 Advising Form: **Request to Take Classes at another University for ULM Credit**

Name _____	CWID _____	Date _____
Advisor _____	Major _____	Cumulative GPA _____
Anticipated Graduation Date _____	Other College/University _____	Term/Year _____

Transfer Course (Title, Abbreviation, and Course Number)	Hrs.	ULM Course	Hrs.

Reason for Taking Classes Elsewhere _____

Note: Twenty-five percent of the semester credit hours required for the degree must be completed through instruction affected by the University of Louisiana at Monroe. One-third of the credit hours required in the major must be included in the 25% degree requirement.

Please attach a degree check sheet and a copy of the course description(s).

Student's Signature and Date _____

Advisor's Signature and Date _____

- Approve
- Disapprove

Director's Signature and Date _____

- Approve
- Disapprove

Dean's Signature and Date _____

- Approve
- Disapprove