

DOMESTIC INSTITUTIONS TRANSFER CREDIT PREAPPROVAL

Part B should be completed by Registration & Transcripts staff unless your transcript will be generated by a college outside the United States; then an International Institutions Transfer Credit Preapproval should be used. Please reference <http://registrar.arizona.edu/Preapproval.htm> for further information regarding this form.

Print Name (Last, First, M.I.) _____

Student Identification Number _____

Official UA Email Address _____

College/Major _____

Transfer Institution Name and Location _____

Term of Enrollment at Transfer Institution (Semester/Year) _____

I am responsible for ensuring an official transcript is mailed from the other institution to The University of Arizona, Registration and Transcripts office.

Student Signature: _____

Date: _____

A *To be filled out by student* **B** *Office Use Only* **C** *To be filled out by the appropriate advisor(s) after part B is complete.*

Transfer Course Work				Office Use Only			UA Requirement and Approval		
Course Prefix	Course Number	Course Title	Units	U-Division	L-Division	Deny	UA Course or Requirement	Signature of Approval	Date
<i>ENGL</i>	<i>101</i>	<i>English Composition I</i>	<i>3</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

B *Office Use Only*

Is the institution the student plans to attend regionally accredited? Yes No School Code: Staff Initials: Date: