Marquette University  
College of Health Sciences  
Transfer Courses Approval  
not taken at Marquette University

Name ___________________________ Date _______________________

Last   First   Middle

Major ___________________________ Minor (s)_____________________

MU I.D. ___________________________ MU Email ___________________

☐ Pre-PT   ☐ Pre-PA

- For students starting at MU Fall of 2010 or later your FINAL 30 CREDITS must be at MU.
- All Physical Therapy and Physician Assistant pre-requisites (math/science courses) must be taken at a four year institution and may not be taken as on-line courses.
- If the course will apply towards a major or minor, you will need approval from that department (signature required in last column below) before submitting the form to CHS.
- Transfer credit will be awarded only for courses completed with a grade of C or higher. (Only credit(s) transfer to MU, not the grade).  
- Junior or 2-year college courses can only fulfill lower division credits.

I am a student in good standing in the College of Health Sciences requesting to take the following course(s) offered by ___________________________ located in ______________ located in ____________ in the Fall Spring Summer of _________________.

| Course # at host institution | Course Title at host institution | Credits to transfer to MU*  
<table>
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<tbody>
<tr>
<td>Ex. PHYS 3454</td>
<td>General Physics I</td>
<td>4 cr.</td>
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If a course will fulfill a UCCS requirement, indicate a specific UCCS area (i.e. MR, DC, LPA, HNE, T, R, ISB, HCS or SN)

<table>
<thead>
<tr>
<th>MU Equivalent course</th>
<th>Dept. signature (for courses in major or minor)</th>
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<tbody>
<tr>
<td>UCCS SN</td>
<td>Not required</td>
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<tr>
<td>PHYS 1001</td>
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For acceptance of these courses toward the degree, the official transcript of credit (under seal) must come directly from the school in which the courses are taken to the Office of the Registrar, Marquette University, P.O. Box 1881, Milwaukee, Wisconsin, 53201-1881.

Date _________________________  Approved by ____________________________

Return completed form and course descriptions to College of Health Sciences, Schroeder Complex 244  
rev10/13