

University of Wisconsin-Parkside

ADVANCE APPROVAL OF PROPOSED TRANSFER CREDITS

STUDENTS NAME: _____ DATE _____ Campus ID _____

EMAIL _____ PHONE _____

It is agreed that, upon satisfactory completion of the course listed below, and acceptance of the transfer credit by the University of Wisconsin-Parkside, the course:

Course Number	Title	Semester Credits

Offered by (Name of Institution) _____ will be accepted toward the requirement listed below, subject to applicable regulations regarding transfer credits and maximum credits in each category.

____ 1. **Breadth of Knowledge requirement** (specify area that course is intended to meet)

Signature, Director of Advising & Career: _____ *Date:* _____

____ 2. **Applicable to a Major in** _____
To meet the requirement of _____
(Name of UW-Parkside course or requirement in the above major)

Signature, Department Chair: _____ *Date:* _____

____ 3. **Applicable to Teacher Certification** _____
(Subject, Grade Level of Certification)

Name of course equivalent/requirement: _____
BOK for Teacher Certification (BOK section) _____

Signature, Department Chair: _____ *Date:* _____

____ 4. **University graduation requirement in foreign language**

Signature, Department Chair: _____ *Date:* _____

____ 5. **The above-named course will count as a repeat of the following UW-Parkside course:**
Name of UW-Parkside course: _____

Signature, Director of Advising & Career: _____ *Date:* _____

____ 6. **General Elective — Does not count for any major or general university requirement, but will count as degree credit.**

Signature, Director of Advising & Career: _____ *Date:* _____

DISTRIBUTION: Student Records, Advising & Career Center, Department, Student