



## Transient Student Request

'General Education Request    'Major or Minor Request

Name	Student ID#	Date
Phone Number	E-mail Address	Term, Year course
Andrews University College/School	Major	Academic Advisor

I hereby request permission to pursue the following academic work at the indicated institution during the term listed above.

Name of Institution	Address/Web address
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Requested Courses To Be Taken			Equivalent Courses at Andrews University		
ACRN/Number	Title	Credit Hrs.	ACRN/Number	Title	Credit Hrs.

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Berrien Springs, MI 49104 }œœ P } ( Wœ ](îòõ•]vðóíróîîò  
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Chair of Department	Academic Advisor	Date	Director of General Education	Date
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Dean of College	Date
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Student Signature	Date
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