



Course Credit Approval Form

(For current Davenport University students only)

Student's Name: _____ Date: _____

Student's ID: _____ Campus/Location: _____

Degree/Major: _____ Year: _____

Advisor's Name: _____ Phone Extension: _____

The following course will transfer from: _____
 (Name of Institution)

I am requesting to take courses at another institution because: *(check all that apply)*

- The course is not offered at Davenport during the semester I wish to take it.
- The course is not offered at Davenport in the format I wish to take it. *(in-seat vs online etc.)*
- It will cost less money to take this course at another institution.
- I am having trouble passing this course at Davenport University.
- Other: _____

* A grade of "C" (2.0) or better must be received in the course in order for it to transfer. Official documentation must be received by the Registrar's Office for credit to be posted to your Davenport University transcript.

Guest Student Application is required.

**** Note: Please list the other institution's course number and name.****

The Registrar's Office will fill in the equivalent course number and name.

Other Institution's Course Number	Other Institution's Course Name	Davenport University Course Number	Davenport University Course Name

Registrar's Office Signature: _____ Date: _____

PLEASE NOTE: All graduation requirements, including residency requirements, must be met according to Davenport University policy.

