

Transfer Request School of Accountancy

Name _____ MSU ID # _____

Email _____ Phone # _____

(You will be notified by email. Please make sure your email address is correct.)

Expected Date of Graduation _____

List the courses you would like to take as they are listed at the transfer school.

Course Symbol	Course Number	Course Name

Where will the course(s) be taken? _____
(School) (City) (State)

What semester will the courses be taken? _____

Reason for Request: _____

I understand that it is my responsibility to have the transcript mailed to MSU upon completion of this work in order to receive credit towards graduation.

Student's Signature Date

_____ Approved _____ Denied

Signature (Director or Representative) Date

Comments: