

**REQUEST FOR APPROVAL OF TRANSFER CREDITS FOR
U.S. DIVERSITY / INTERNATIONAL PERSPECTIVES REQUIREMENT**

We request that _____ from _____
Transfer Institution Course Designator *Transfer Institution*

which transfers to ISU as _____ be used for
ISU Course Designator

_____ U.S. Diversity _____ International Perspectives

Title of transfer course:

Number of credits:

Description of transfer course (*attach additional documentation or syllabus as necessary*):

Student Printed Name *ID #*

Student Major *Catalog Year*

Student Signature *Date*

Advisor Printed Name *Advisor Signature* *Date*

Signature For Department Most Closely Related To The Course *Department Name*

Printed Name For Department Most Closely Related To The Course *Date*

_____ Approved _____ Denied

PLEASE RETURN TO: CALS STUDENT SERVICES, 23 CURTISS HALL