



Registrar Office

Lynne Stearns
Transfer Analyst

PRE-USD

Request to clear transfer course for **Core Curriculum**

Please attach current **copy of DARS report and course outline/syllabus**

Student Name: _____

Student ID#: _____

Local Phone: _____

e-mail address: _____

School: _____

Course Title & Number _____

Request statement:

Student Signature: _____

Date: _____

Department Chair: _____

Date: _____

Approved: _____

USD equivalent course

Denied: _____

Return to: Lynne Stearns, **Transfer Analyst**
Founders Hall 117
Ext. 7749

This Pre-USD course applies for all students

**This Pre-USD course is exception
for this student only**