UNOFFICIAL REVIEW OF COLLEGE COURSES

Legal Name_



Birthdate _____

This form is intended for prospective transfer students or high school students with college credit. It should not be considered an official degree audit or an application for admission.

application for admission.			
PERSONAL INFORMATION (required)		

	Last	First		Middle		
Mailing Address						
City				State	_ ZIP	
Telephone ()	Email	Address			
Are you applying	g as a: 🗆 First-Year Student 🕒 Tran	nsfer Student ney have gradı	uated from hi	gh school and have enrolled full time in a coll		
Intended Major:						
Intended start te	erm: ☐ Fall Semester ☐ January In	terim 🗆 Spi	ring Semeste	r Intended start year: 🗆 2016 🗆 20	017 🗆 2018	
Current High Sch High school st						
Current College	or University nts only					
necessary. Return		nd emailing to	Tom McHugh	w of your current or past college courses. You n (tmchugh@gustavus.edu) or by mailing it to		
	ar students may bring in a maximum of sfer students may bring in a maximum			stavus courses (32 semester or 48 quarter cre	dits) from work they accomplished in	
	= =	_		ninstitution and be appropriate for a college lite finition and be appropriate for a college literation.	oeral arts curriculum. Only coursework	
	ay fulfill Gustavus graduation requirem the approval of the appropriate acader		-	ubject to the approval of the Registrar. Course	es may also fulfill requirements for a	
Institution				To be filled out by Evaluator (for office use only)		
Course # and Department (e.g., ENG-101)	Course Title	Semester or Quarter Credit	No. of Credits	Gustavus Adolphus College Equivalent Courses	College requirements to be fulfilled if transfers	
				1		
Institution			1	To be filled out by Evaluator (for office use	only)	
Course # and Department (e.g., ENG-101)	Course Title	Semester or Quarter Credit	No. of Credits	Gustavus Adolphus College Equivalent Courses	College requirements to be fulfilled if transfers	
For office use o	nlv	1	I	1	I	
Evaluation Com					Date	