

TRANSFER/READMIT STUDENT COURSE REQUEST FORM

Name: _____ Home phone: _____
 SSN: _____ Daytime/Cell phone: _____
 E-mail: _____

Because the following information will be used to create your class schedule, it is important that you be as thorough as possible. Your registration will be processed once you:

- ◆ Complete and return this Course Request Form to Academic Advising in the envelope provided.
- ◆ Request that an official transcript of any college coursework you may have completed be sent to the CSB/SJU Admission Office.

ACADEMIC PLANS:

I plan to enroll at CSB/SJU beginning (term/year): _____ I intend to graduate after _____ years at CSB/SJU.		Major: _____ Minor:* _____ Pre-Professional Program:* _____ *If Applicable
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COURSE HISTORY:

MATH:

List the highest level math course you have completed or are currently taking.

Course: _____	Final Grade: _____
High school or college: _____	Year/Term: _____

GLOBAL LANGUAGE:

List the highest level global language course you have completed or are currently taking.

Course: _____	Final Grade: _____
High school or college: _____	Year/Term: _____

ADVANCED PLACEMENT/INTERNATIONAL BACCALAUREATE:

List any AP or IB exams you have taken. Note that CSB/SJU must receive official test scores before AP/IB credit may be awarded.

Test: _____	Level: _____	Score: _____
Test: _____	Level: _____	Score: _____
Test: _____	Level: _____	Score: _____

RETURN THIS FORM TO:

Office of Academic Advising
 College of St. Benedict
 37 S. College Avenue
 St. Joseph, MN 55374-2099
 Fax: 320-363-5600
 Helpline: 320-363-5687
 E-mail: msauer@csbsju.edu

Office of Academic Advising
 St. John's University
 P.O. Box 2000
 Collegeville, MN 56321-2000
 Fax: 320-363-2714
 Helpline: 320-363-2248
 E-mail: aastd02@csbsju.edu

TRANSFER WORK:

Provide the following information for all courses completed or in progress through another college. Include PSEO and fulltime enrollment. Feel free to attach an additional page or copies of your *unofficial* transcript(s). If you have not already done so, **REQUEST THAT OFFICIAL TRANSCRIPTS OF COLLEGE COURSEWORK BE SENT TO THE CSB/SJU ADMISSION OFFICE AS SOON AS POSSIBLE** so that credits may be evaluated.

College/University	Dept.	Course No.	Course Title	# of Credits	Final Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COURSE SELECTION:

List courses that interest you and may satisfy Common Curriculum requirements. You will be registered according to your intended major/minor/pre-professional program. Transfer work and availability of courses will be taken into consideration. Refer to www.csbsju.edu/registrar for the CSB/SJU Academic Catalog.

Major/Minor/Pre-Professional Courses:

Dept.	Course No.	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Common Curriculum Courses:

Dept.	Course No.	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHEDULE CONSIDERATIONS:

Indicate whether you intend to participate in any of the following. Be sure to include relevant details.

ROTC No____ Yes____
 Varsity sports No____ Yes____ Sport: _____
 Music lessons/ensemble No____ Yes____ Instrument/Ensemble _____ / _____

Other comments that may assist in your registration: _____

OFFICE USE ONLY

FACULTY ADVISOR: _____
REG. DATE (PH/IP/MAIL): _____
REG. COMPLETE: _____