

**TRANSFER 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.

How do you wish to receive your course schedule? Select an option below.

\_\_\_\_\_ Call me to arrange an in-person or telephone appointment with an academic advisor.  
 \_\_\_\_\_ Mail my course schedule to \_\_\_\_\_  
 \_\_\_\_\_ E-mail my course schedule to \_\_\_\_\_

**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:* _____ <small>*If Applicable</small>
---	--

**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 \_\_\_\_\_

**FOREIGN LANGUAGE**

List the highest level foreign 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: _____

<b>RETURN THIS FORM TO:</b> Office of Academic Advising <b>College of St. Benedict</b> 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 <b>St. John's University</b> P.O. Box 2000 Collegeville, MN 56321-2000 Fax: 320-363-2714 Helpline: 320-363-2248 E-mail: mshimota@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	Course No.	Course Title	# of Credits	Final Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**COURSE SELECTION**

List courses that interest you and may satisfy 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](http://www.csbsju.edu/registrar) for the CSB/SJU course schedule and academic catalog.

Major/Minor/Pre-Professional Courses		Core Courses	
#	Title	#	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**

CORE: ___ 100(4FAE)	___ 101/201(4FAE)	___ 390	_____
LANG: ___ 111	___ 112	___ 211	_____
FA: ___ 1	___ 2		_____
___ 3	___ 4		_____
NS: ___ NS1	___ NS2		_____
SS: ___ SSL	___ SSU		_____
HUM: ___ HML1	___ HML2	___ HMU	FACULTY ADVISOR: _____
TH: ___ TH	___ JC		REG. DATE (PH/IP/MAIL): _____
MT: ___ MP	___ MT		REG. COMPLETE: _____ / _____