



PETITION FOR APPROVAL TO ATTEND ANOTHER INSTITUTION
OFFICE OF GRADUATE STUDIES
 VALPARAISO UNIVERSITY
 Valparaiso, Indiana 46383-6493
 (219) 464-5313 or (800) 821-7685

DATE SUBMITTED: _____ **STUDENT ID NUMBER:** _____

1. NAME: _____
 LAST FIRST MIDDLE FORMER NAME

2. PRESENT ADDRESS: _____
 NUMBER AND STREET CITY, STATE, ZIP

3. HOME PHONE NUMBER: _____ **WORK PHONE NUMBER:** _____

EMAIL ADDRESS: _____

4. I plan to register for the following course that I would like to apply to my master's degree program:

Semester/Session: _____

Department: _____ Course Number & Section: _____ Credits: _____

Course Title: _____

Name of Institution: _____ Location: _____

5. Attach catalog copy and/or course syllabus:

AFTER THE COURSE HAS BEEN COMPLETED, A FORM REQUESTING TRANSFER OF CREDIT MUST BE FILED IN THE GRADUATE STUDIES OFFICE FOR CREDIT TO BE APPLIED TO YOUR VALPARAISO UNIVERSITY TRANSCRIPT.

Student Signature: _____ **Date:** _____

V.U. Adviser's Signature: _____ **Date:** _____

OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

Dean's Signature: _____ Date: _____ Approved Denied