Supplemental Transfer Credit Approval Form

Name: ___________________________________________ DePaul ID number: ______________________

Email Address: ________________________________________________________________

Transfer Institution Offering Credit: ________________________________________________

Start & End Dates of Courses (MM/YY – MM/YY): ______________________________________

List transfer courses below: (attach a copy of the course syllabus or a detailed course description for each course that is not listed on the Transfer Course List in order for the course(s) to be reviewed by the Transfer Articulation Center)

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Transfer Institution Course Title</th>
<th>Transfer Credit Hours</th>
<th>To be completed by student</th>
<th>For Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX 101</td>
<td>General Psychology 1</td>
<td>4 semester</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DPR Placement:

Student Signature: ___________________________ Date: __________________

Return completed form to CSHAdvising@depaul.edu

By submitting this form, you acknowledge and agree to the terms of the transfer credit approval process listed on the website.

*Academic Advisor Signature: ___________________________ Date: ________________

*Students seeking to obtain a residency requirement waiver are expected to consult with their advisor before beginning the waiver request process. Their signature is only required if you are going through the exceptions process.