

# DOMESTIC INSTITUTIONS TRANSFER CREDIT PREAPPROVAL

*Part B should be completed by Registration & Transcripts staff unless your transcript will be generated by a college outside the United States; then an International Institutions Transfer Credit Preapproval should be used. Please reference <http://registrar.arizona.edu/Preapproval.htm> for further information regarding this form.*

Print Name (Last, First, M.I.) \_\_\_\_\_

Student Identification Number \_\_\_\_\_

Official UA Email Address \_\_\_\_\_

College/Major \_\_\_\_\_

Transfer Institution Name and Location \_\_\_\_\_

Term of Enrollment at Transfer Institution (Semester/Year) \_\_\_\_\_

I am responsible for ensuring an official transcript is mailed from the other institution to The University of Arizona, Registration and Transcripts office.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**A**

*To be filled out by student*

**B**

*Office Use Only*

**C**

*To be filled out by the appropriate advisor(s) after part B is complete.*

**Transfer Course Work**

**UA Requirement and Approval**

Course Prefix	Course Number	Course Title	Units	U-Division	L-Division	Deny	UA Course or Requirement	Signature of Approval	Date
ENGL	101	English Composition I	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**B**

*Office Use Only*

Is the institution the student plans to attend regionally accredited? Yes  No

School Code:

Staff Initials:

Date:



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