

**College of Forest Resources
TRANSFER COURSE REQUEST FORM**

Name Major Concentration

MSU ID Number Phone Number Email Address

List the course number(s) and title(s) as listed at the transfer institution:

- 1.
- 2.
- 3.
- 4.

Transfer Institution: _____

Location (campus): _____

Type: ____ Two-Year or ____ Four-Year

Semester course(s) will be taken: _____

I expect to graduate: Fall 20____ Spring 20____ Summer 20____

I am requesting to transfer the course(s) listed above from another institution. I would like to have the course(s) apply to my degree requirements in the College of Forest Resources.
I understand this form cannot be processed if not fully completed.
I understand that community college work is limited to 50 percent of the total number of hours required for my degree.
I understand I must complete the last 25 percent of my degree requirements at MSU.

Student's Signature Date

CFR Student Services Coordinator Signature Date

OSS USE ONLY

Transfer hours already applied to student's CFR degree: _____

Community College hours already applied to CFR degree: _____

Total number of hours student must complete in program: _____

MSU Residency will be met if the above classes are not taken at MSU: Yes__ No ____

Confirmed By: _____ Date: _____