SIU Southern Illinois University
CARBONDALE

Request for Review of Transfer Credit

For School (no particular student)

Course(s) completed at: _____ School Code: _____
(Name of school and location if school has multiple campuses)

Semester & Year Equivalents are to become effective: _____

	For use by Academic Department ONLY	
Transfer Course Number & Title	**Credit Hour**	**SIUC Equivalent Course**

A copy of course syllabus or detailed course description is required for review of course.

For use by Academic Department ONLY

Comments:

Course Reviewed by: _____ Department: _____

Signature: _____

Return completed form to transferservices@siu.edu or by campus mail to Mail Code 4725

Revised 08/05/15