Please list each course you are currently taking at an institution other than Slippery Rock University in the space provided. Include your current institution’s course title, course number and semester/quarter value. This information will be evaluated then forwarded to your Slippery Rock University academic department.

Name of Current Institution: ______________________________

Current Session Dates:  Start: ________________________    End:  __________

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Number</th>
<th># Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example)</td>
<td>English Comp I</td>
<td>ENGL 101</td>
</tr>
</tbody>
</table>

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Please remember to have a final official transcript sent to Slippery Rock University upon completion of the semester in progress.

Student Name (please print) ___________________________ Birthdate ___________________________

Student Signature ___________________________ Date ___________________________

Complete and return this information in one of the following ways:

- Email  transferadmissions@sr.edu
- Fax  724-738-2913
- Mail  Office of Undergraduate Admissions
  1 Morrow Way
  Slippery Rock University
  Slippery Rock, PA 16057