



Western Illinois University
BGS Degree
Transfer Course Approval

Date:
Name: WIU ID:
Current/Email/Phone:
Transferring School:
Transferring School City/St:
Transferring School Web Address:

If no web address is available a copy of a current course description and/or syllabus will be required and needs to be attached to this form. If any further information is needed you will be notified. If course(s) denied, please mark the appropriate blank indicating your preference. If you mark yes, the Records Officer will suggest an alternative course.

- YES please suggest an alternate course.
NO do not suggest an alternate course.

Complete first three columns only. (Dept, Number, and Title)

Table with 6 columns: Dept, Number, Title, WIU Equivalent, Date/Initials. Rows A-E.

Email to: bgs@wiu.edu
Mail to: Bachelor of Arts in General Studies
Western Illinois University
1 University Circle
Macomb, IL 61455-1390

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Alternate Course (Correspond to respective courses above)

Table with 6 columns: Dept, Number, Title, WIU Equivalent, Date/Initials. Rows A-E.