

STUDENT-ATHLETE REQUEST TO ENROLL IN A **COURSE OFFERED BY A COLLEGE OR UNIVERSITY OTHER THAN THE UNIVERSITY OF IOWA**

(THIS COURSE DOES **NOT** COUNT TOWARD FULL TIME ENROLLMENT FOR STUDENT-ATHLETES)

NAME _____ STUDENT NUMBER _____ SPORT _____

INSTITUTION OFFERING THE COURSE _____

COURSE# _____ TITLE _____

CREDIT HOURS(#) TO BE TRANSFERRED TO THE UNIVERSITY OF IOWA, _____

TERM OF ENROLLMENT _____

START DATE OF COURSE _____ FINISH DATE OF COURSE _____

REQUIRED SIGNATURES PRIOR TO THE FIRST DAY OF THE TERM OF ENROLLMENT
(Signatures to be completed in order)

1) _____ Date: _____
Student Athlete

2) _____ Date: _____
Academic Coordinator (Athletics)

3) _____ Date: _____
University Academic Advisor

Check One: Major: _____ **GER:** _____ **Elective:** _____

4) _____ Date: _____
Office of Admissions (107 Calvin Hall)

UI Equivelant Course (if applicable): _____

5) _____ Date: _____
Office of the Registrar (1 Jesup Hall)

Degree Applicable Credit: Yes _____ **No** _____

6) _____ Date: _____
Associate Athletics Director -Student Academic Services
(115 Gerdin Athletics Learning Center)

It is the sole responsibility of the student-athlete to request a final transcript from the institution attended to be sent to:

The University of Iowa
Office of Admissions
ATIN: Transfer Credit
107 Calvin Hall
Iowa City, IA 52242