

WAIVER OF THE LAST 32 CREDIT RULE

STUDENT INFORMATION

Name _____

ID Number _____

Major _____

Catalog Year _____

GRADUATION INFORMATION

Term and year of graduation _____

Current GPA _____

Total number of **2-year** transfer credits already applied toward graduation _____

Total number of **4-year** transfer credits already applied toward graduation _____

Total number of transfer credits already waived under the last 32 credit rule _____

TRANSFER COURSE INFORMATION

Name of transfer institution _____

Term enrolled _____

2-year

4-year

Transfer course name, number, and credits (please attach a second page if additional space is needed)

Evaluated as ISU course name, number, and credits

Please note that approval of this form does not imply approval to use these courses in any particular place on the degree audit. Any degree audit adjustment requests involving these courses will still need to be processed in the usual way.

Note also that the 65 credit limit on courses from a 2-year institution will not be waived. If these new courses would cause this limit to be exceeded, please indicate which 2-year courses taken previously should be moved to courses not applied: _____

APPROVED BY

Adviser Name

Adviser Signature

Date

Signature for Department

Date

Director, CALS Student Services

Date