

TITLE PAGE

Student Name: Madonna ID#:

Degree Sought: Madonna Email Address:

Major:

Number of Credits Requested:

Department	Number and Course Title	Semester Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Importance of requested credits (Think in terms of 5 or 10 years from now)...

... to educational goals

... to life goals

Date Submitted by Student:

Date of evaluation:

Date Returned to Student:

For additional, guidance or information, contact the Office of Academic Advising by calling (734) 432-5417, emailing advising@madonna.edu, or by visiting the Office in Room 1111.

Student Name: Phone #: Madonna ID#:

Address: Madonna Email:

City, State, Zip: How many credits have you completed at Madonna University?

List documentation for which credit is awarded. Use one form for each course you seek credit for.

<p>RECOMMENDATION: SEMESTER HOURS <input type="text"/> GRADE <input type="text"/></p> <p>COURSE DEPT. AND NUMBER <input type="text"/></p> <p>COURSE TITLE <input type="text"/></p> <hr/> <p>DEPARTMENT CHAIR SIGNATURE _____ DATE _____</p> <hr/> <p>DIRECTOR OF ACADEMIC ADVISING SIGNATURE _____ DATE _____</p>	<p>For Student Accounts Use:</p> <p>Processing Fee: <input type="text"/></p> <p>Cash: <input type="text"/></p> <p>Billed: <input type="text"/></p> <hr/> <p>SIGNATURE OF RECEIVER _____ DATE _____</p>
---	---

Student Signature: Date:

If you have any questions, contact the Office of Academic Advising by calling (734) 432-5417, emailing advising@madonna.edu or stopping by Room 1111.