

**THE UNIVERSITY OF TOLEDO
COLLEGE OF BUSINESS AND INNOVATION**

**APPLICATION FOR ADVANCED APPROVAL
FOR COURSE WORK TO BE TAKEN AT ANOTHER UNIVERSITY**

Instructions: Please print the following information and submit to the Office of Retention and Student Academic Success, 3130 Stranahan Hall-North.

Date: _____ Rocket I.D. Number: _____

Student's Name: _____

Student's Local Address: _____

Student's Local Phone: _____

I wish to take the following course(s) during _____
(Quarter/Semester and Year)

at _____
(Name of Institution)

Course Equivalencies can be found at www.transfer.org.

Course and Number at School to be Visited	Credit Hours	University of Toledo Equivalent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

Approved: _____
Signature of College Dean/Director Date