

Simpson College
Request for Review of Transfer Course for Core Designation

Name: _____	Simpson ID Number: _____
E-mail: _____	Cell Number: _____
Student Signature: _____	Date: _____
General Education Director Signature: _____	Date: _____
REQUEST APPROVED: _____	REQUEST DENIED: _____

Return the completed form to the Registrar's Office. Please submit a separate form for each request.

Important Information:

- In the "Rationale" section, give detailed information on how the course meets the learning objectives of the Inquiry or Mission requirement.
- Attach a syllabus that includes a course description, information about readings and assignments, and any other pertinent information.

REQUEST

Inquiry or Mission requirement requested: _____

From which College/University: _____

Transfer course name and number: _____

RATIONALE