



## Transfer Partners Program Approval Form

Please complete the top portion of this form and have the Registrar at your current Transfer Partner Institution complete the bottom portion. When complete, the form should be returned to the Methodist University Office of Admissions using the secure document link on the myMU Portal or send the form by mail to:

Methodist University  
 Office of Admissions  
 5400 Ramsey Street  
 Fayetteville, NC 28311

Student Name: \_\_\_\_\_

Student Last Four SSN Digits or MU ID Number: \_\_\_\_\_

Transfer Partner School Currently Attending: \_\_\_\_\_

### Methodist University Course(s) You Would Like to Take

Find course information [here](#)

Course Name	Course Code			Credits
	<i>Prefix</i>	<i>Number</i>	<i>Section</i>	
<i>Example: Principles of Financial Accounting</i>	<i>ACC</i>	<i>2510</i>	<i>001</i>	<i>3.0</i>

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 (To Be Completed by the Registrar at the Transfer Partner Institution)

I certify that \_\_\_\_\_ is a currently enrolled student in good academic  
(Student Name)  
 standing at \_\_\_\_\_. Our institution approves enrollment in the  
(Transfer Partner Institution Name)  
 above indicated Methodist University course(s) for the \_\_\_\_\_ Fall/Spring/Summer  
(Academic Year)                      (circle one)  
 semester/term.

\_\_\_\_\_  
(Printed Name)                      (Signature)                      (Date)