Request for Advanced Standing

Return completed form to School or College Dean's Office

Only courses clearly transcripted as graduate level will be considered. Please complete this form legibly.

STUDENT INFORMATION

SSN _____ - _____ - _____ **Email** _____

Name _____ _____ _____
Last First M.I

Address _____ _____ _____ _____
Street City State Zip

Home Telephone ( ) _____ - _____

Temple University Degree Information

College _____ **Program** _____ **Degree** _____

Institution from which advanced standing is being requested _____

Years Attended _____ **Highest Degree Received** _____ **Curriculum** _____

Approval

Advisor _____ **# of Credits Approved** _____

Approved By _____ _____ / _____ / _____
Advisor's Signature Date

[Approved By _____ _____ / _____ / _____ **]**
Associate Dean's Signature Date

Student Instructions: Complete the first three boxes and attach a copy of the appropriate transcript. Submit this form to your advisor for approval and forward it to the School/College office for processing.