OFFICE OF RECORDS AND REGISTRATION
ST. CLOUD STATE UNIVERSITY, AS 118
720 4th AVENUE SOUTH
ST. CLOUD, MINNESOTA 56301-4498
PHONE: (320)308-2111 FAX: (320)308-2059
registrar@stcloudstate.edu

MINNESOTA TRANSFER CURRICULUM COMPLETION REQUEST

Student Information

Name _____ SCSU ID _____

Address _____ _____ _____ _____
Street City State Zip

Daytime Phone (_____) _____ Email _____@stcloudstate.edu

Completion Term: ☐ Fall ☐ Spring ☐ Summer Year _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

04/14