

Webster University Louisville Metro Campus

NEW STUDENT INFORMATION

PLEASE RETURN TO ADVISOR

DATE: _____

NAME: _____ COMPANY NAME: _____

ADDRESS: _____ CO. ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PREFERRED EMAIL ADDRESS: _____

TITLE/TYPE OF WORK: _____

HUMAN RESOURCE CONTACT PERSON _____

TELEPHONE NUMBER: _____

NAME OF UNDERGRADUATE UNIVERSITY: _____

DEGREE OBTAINED: _____

CHECK THE FOLLOWING COURSES TAKEN IN UNDERGRADUATE SCHOOL:

ACCOUNTING (6 HRS) _____

ECONOMICS (6 HRS) _____

INTRO BUSINESS (3 HRS) _____

Do you have any graduate hours to be transferred? (Civilian/Military)

Yes _____ No _____ # of hours _____

WEBSTER MAJOR /PROGRAM _____ BEGINNING TERM _____

NUMBER OF COURSES TO BE TAKEN EACH TERM _____ (LIMIT TWO PER TERM)

AN OFFICIAL TRANSCRIPT IS NEEDED FROM YOUR UNDERGRADUATE UNIVERSITY.

NOTES: _____
