

COLLEGE OF ARTS AND SCIENCES, GRADUATE DIVISION
Request for Transfer of Graduate Credit

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Signature of Director of Graduate Studies (or Graduate Advisor):

Date: _____

Approval:

- Request approved
- Approved within limit of five-year rule applied to completion dates of the courses listed above
- Approved within limit of seven-year rule applied to completion dates of the courses listed above

Signature of School Dean: _____

Date: _____

College of Arts and Sciences, Graduate Division