COLLEGE OF ARTS AND SCIENCES, GRADUATE DIVISION

Request for Transfer of Graduate Credit

Student: _____ Major: _____
Last First Middle

University ID Number: _____

Hours apply to _____ degree.

If hours apply to the Ph.D. degree, has the student
been admitted to candidacy? No ( ) Yes ( )
Semester and year admitted to Ph.D. candidacy: _____

Total semester hours of transfer credit requested: _____

Course data: (please attach original transcript or photocopy of both sides of transcript)

Institution: _____
City State

Semester/Year	Department	Course Number	Title	Unit Credit	Grade

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

School Dean _____

College of Arts and Sciences, Graduate Division