

# Transfer Credit Request



Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Program: Master Degree / Doctoral Degree Major: \_\_\_\_\_

Institution(s) where course credit was earned \_\_\_\_\_

Please consider the following course(s) be transferred to my degree program.

CORSE(S) TO BE TRANSFERRED:

Course Number & Title Credit Hrs. Grade Year/Term

SUBSTITUTE TRANSFER COURSE(S) FOR THE FOLLOWING COURSE(S):

Course Number & Title Credit Hrs. Grade

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

Please return the completed form to the College of Education Graduate Studies office. Two official copies of your transcript must be on file in the College of Education Graduate Studies office. Course descriptions of the classes you wish to transfer must also be on file or included with this form before your request can be reviewed.

Request Accepted \_\_\_\_\_

Request Denied \_\_\_\_\_

\_\_\_\_\_  
Associate Dean Date