

# Graduate Transfer of Credit Request Form

## Student Information

**INSTRUCTIONS:** Complete the portion below and submit to your department. Request that an official transcript showing the courses for which credit is requested, be sent to your department.

EAGLE ID 

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 Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department \_\_\_\_\_ Advisor \_\_\_\_\_

### Summary of all previous college education:

Institution	Location	Degree	Date Received
_____	_____	_____	_____
_____	_____	_____	_____

## Transfer of Credit Requested

PLEASE NOTE: A maximum of 6 credits may be accepted in transfer toward any one degree program. All courses must be graduate level and carry a grade of "B" or better. Courses that have already been applied to a previously earned degree may not be transferred. Course completed over 10 years ago are not acceptable for transfer.

University	Course Title	Course Number	Credits	Grade Received	Date of Completion
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Department Approval

Advisor or Study Committee  
Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Chairperson will forward all copies of this form and the transcript(s) to the Dean.)*

## Dean's Approval

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_