

# Graduate Student Transfer of Credit Request Form

## Student Information

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

**INSTRUCTIONS:** Complete the section below and submit this form to your department. Send your department an official transcript listing the course(s) for which you are requesting transfer credit.

Eagle ID Number:

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

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. Courses 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 Associate Dean.*

## Associate Dean's Approval

Associate Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_