

REQUEST FOR APPROVAL OF TRANSFER CREDIT

Name: _____ Banner ID: _____

Address: _____

Phone Number: _____ Program: _____

Date of formal admission to the Graduate Program: _____

I request approval of the following course(s):

1. Course prefix and # : _____

Course Name: _____

Semester Hours: _____ When Taken/To Be Taken: _____

Where Taken/ To Be Taken: _____

To be substituted for: _____

2. Course prefix and # : _____

Course Name: _____

Semester Hours: _____ When Taken/To Be Taken: _____

Where Taken/ To Be Taken: _____

To be substituted for: _____

An official copy of the transcript reflecting the credit, a copy of the catalog description, and a copy of the course syllabus must be submitted for each course.

For Office Use

I approve the transfer of _____ for _____

_____ for _____

Program Director's Signature

Date

Dean, School of Graduate Studies

Date