



Transfer Credit Request

COLLEGE OF EDUCATION

Name _____ ID# _____

Address _____
Street City State Zip Code

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.

COURSE(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** **Year/Term**

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