

APPLICATION FOR ACCEPTANCE OF TRANSFER CREDITS

I wish to receive transfer credit for the following graduate course(s) towards the **Master's or Doctoral** degree in the Department _____

Course #	Course and Title	Grade (B or Better)	Institution at which courses were taken	Semester or Term Courses (s) were taken

I hereby certify that:

1. The above data are correct.
2. The above course(s) were taken for graduate credit. (Attach photocopy of transcript)
3. Official transcripts of the above courses are on file in the Registrar's Office.
4. I understand that I cannot receive transfer credit of more than 6 semester hours and that the six-year time limit applies.
5. I understand that approval of this request is contingent upon the validity of the preceding statements.

Student Name (Print) _____ T# _____

Student Signature _____

Address _____

Required Signatures

Date _____ Contact Number _____

Approved:

Program Adviser _____

Department Chairperson _____

Dean of the College/School _____

Dean of the Graduate School _____