



THE GRADUATE SCHOOL
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THE GRADUATE SCHOOL

REQUEST FOR TRANSFER OF CREDIT

DATE: _____ NAME: _____
LAST FIRST MIDDLE

STUDENT ID #: _____ EMAIL ADDRESS: _____

PROGRAM OF ENROLLMENT: _____

1. COURSE TITLE: _____ CREDITS: _____
COURSE DEPT: _____ COURSE #: _____ GRADE: _____
TYPE OF CREDIT: QUARTER _____ SEMESTER _____ QUARTER/SEMESTER TAKEN: _____
NAME OF INSTITUTION: _____

2. COURSE TITLE: _____ CREDITS: _____
COURSE DEPT: _____ COURSE #: _____ GRADE: _____
TYPE OF CREDIT: QUARTER _____ SEMESTER _____ QUARTER/SEMESTER TAKEN: _____
NAME OF INSTITUTION: _____

3. COURSE TITLE: _____ CREDITS: _____
COURSE DEPT: _____ COURSE #: _____ GRADE: _____
TYPE OF CREDIT: QUARTER _____ SEMESTER _____ QUARTER/SEMESTER TAKEN: _____
NAME OF INSTITUTION: _____

TO BE COMPLETED BY ADVISER(S):

THE ABOVE COURSES MAY SUBSTITUTE FOR THE FOLLOWING VU REQUIREMENTS:

1. _____
2. _____
3. _____

ADVISOR SIGNATURE: _____ DATE: _____ Approved ___ Denied ___

PROGRAM DIRECTOR
OR CHAIR SIGNATURE: _____ DATE: _____ Approved ___ Denied ___

DEAN SIGNATURE: _____ DATE: _____ Approved ___ Denied ___

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