



## GRADUATE REQUEST FOR TRANSFER CREDIT

This form is only for graduate students seeking to transfer credits earned from another institution. Credits must be approved by the program director of the respective degree program. The student must list the courses taken at the other institution(s) and also submit the course description from the college catalog.

An evaluation cannot be made unless a catalog for each institution is submitted.

### To Be Completed by Student

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

EMPLID#: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Degree Program: \_\_\_\_\_ Number of Credits Completed: \_\_\_\_\_

Institution(s) from which transfer credits are requested:

1. \_\_\_\_\_ / \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_  
Institution Name                      Dates of Attendance                      Institution Name                      Dates of Attendance

**Student should complete left table for courses taken at other institution(s):**

#### To Be Completed by Student

Course Name	Grade	Credits

#### To Be Completed by Program Director or Advisor

Course Name	Grade	Credits

**Program Director's Remarks:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Submit the completed form to the Jay Express counter OR to the Office of the Registrar.***

#### For Office Use Only

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Rec'd By: \_\_\_\_\_ SIMS/FAPINQ Input Date: \_\_\_\_\_