Transfer Credit Guidelines:
A maximum of 1/5 of program credits (usually 6 credits for graduates, 12 credits for doctoral) may be transferred. Course work must be distinctly graduate level by transfer institution. Courses must have been taken within the last five years. Must have earned a minimum grade of B (P grades must be defined as B or better). Courses previously applied to a degree may not be transferable to current program. All credits are converted to semester credits.
Transfer credit is not granted until signatures have been obtained.

STUDENT INFORMATION

Name: ___________________________   ID#: ___________________________

Address: ________________________________________________________________

City/State/Zip: ___________________   Program/Degree: ______________________

TRANSFERRED COURSE INFORMATION

College/University where credits were/will be completed: ___________________________

Date Taken: _______________________

Courses to be Transferred:

1) Dept/Course#: __________________ Credits: _______   Title: ____________________________
   Substitute for which program course/elective: ______________________________

2) Dept/Course#: __________________ Credits: _______   Title: ____________________________
   Substitute for which program course/elective: ______________________________

3) Dept/Course#: __________________ Credits: _______   Title: ____________________________
   Substitute for which program course/elective: ______________________________

Additional Comments and Recommendations:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

REQUIRED SIGNATURES

Student: ___________________________   Date: ___________________________

Program Director/Advisor: ___________________________   Date: ___________________________

Dean of Student’s Program: ___________________________   Date: ___________________________

Registrar: ___________________________   Date: ___________________________

WHITE—Registrar’s Office   YELLOW—Advisor   PINK—Student

Revised 12/11/14