



## Application for Transfer Credit

Student Name: \_\_\_\_\_

Please Print

Empl. ID: \_\_\_\_\_

### 1. Describe courses for which Transfer Credit is requested.

Course #	Course Title	University/College	Year	Grade

### 2. Brief justification of request.

### 3. Attach official transcript, course descriptions and/or syllabi to this application.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Major Advisor's statement: The student's advisory committee would approve Transfer Credit for courses detailed above as part of the student's Curriculum Checklist.

Signature of Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

REVIEW

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Major Advisor: \_\_\_\_\_

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