

Application for Transfer Credit

1. Describe courses for which Transfer Credit is requested.

Course #	Course Title	University/College	Year	Grade

2. Attach 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 Plan of Study.

Signature of Advisor: _____ **Date:** _____

Office Use Only:

REVIEW

Application received by: _____ **Date:** _____

Disposition: _____

Program Director: _____ **Date:** _____

cc: Joan Segal
Student: _____
Major Advisor: _____