

APPLICATION FOR THE TRANSFER OF GRADUATE CREDIT FROM OTHER INSTITUTIONS
 (Please Type)

Name: _____ SS#: _____
 (Last) (First) (Middle)

Please provide the following information about the course(s) being transferred:

(Doctoral students, please attach additional sheet, if needed)

INSTITUTION (where taken)	COURSE NUMBER/TITLE	SEMESTER CREDIT HOURS	DATE TAKEN	GRADE EARNED

I certify that the information provided above is accurate and complete. I further certify that I have read and understand the policies of the Graduate School with respect to the transfer of graduate credits, and I specifically understand the following:

1. Graduate credits may be transferred only from non-degree status in a regionally accredited university or college and in courses where I have earned a grade of "B" or better.
2. Credits may be transferred only when they can be reconciled with the requirements on my plan of study in my chosen degree program.
3. For a Master's degree, I may transfer a maximum of twelve (12) semester credit hours of whose age will not exceed seven years at the time of graduation (date on which degree is awarded from).
4. For a doctoral degree, I may transfer a maximum of twenty-seven (27) semester credit hours, regardless of age, to meet the requirements of completing a Master's degree. I may transfer toward a doctoral degree, a maximum of six semester credit hours of doctoral level courses taken at a doctoral degree granting institution, provided that those courses are comparable to courses in my doctoral Plan of Study and those six credits are at an age that will render them no more than five (5) years old at the time of initial enrollment in a doctoral program at Southern University.
5. I must attach to the application, official transcripts of all courses that I wish to transfer.

 Student's Signature

 Date

Departmental Advisor: _____
 (Name) (Signature) (Date)

Dept. Chair/Program Director: _____
 (Name) (Signature) (Date)

Graduate School Dean: _____
 (Name) (Signature) (Date)

Registrar: _____
 (Name) (Signature) (Date)

Please attach the following:

- Copy of the transcripts of all courses that you wish to transfer.
- Course descriptions and/or copies of catalogs from the institution(s)