

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

Name:		ς	S#:		
(Last)	(First)	(Middle)	J#		
Please provide the following in		urse(s) being transferred: use attach additional sheet, if nee	eded)		
INSTITUTION	COURSE NUME			DATE	GRADE
(where taken)		CREDIT	HOURS	TAKEN	EARNED
I certify that the information prov		complete. I further certify th	at I have read	and understa	Ind the policies
of the Graduate School with resp					
program. 3. For a Master's degree, I years at the time of grace 4. For a doctoral degree, I requirements of comple hours of doctoral level of to courses in my doctoral old at the time of initial	may transfer a maximum of duation (date on which degr may transfer a maximum of ting a Master's degree. I m courses taken at a doctoral of al Plan of Study and those si enrollment in a doctoral pro	econciled with the requirement of twelve (12) semester creditive is awarded from). It wenty-seven (27) semester may transfer toward a doctoral degree granting institution, poix credits are at an age that won a southern University. Of all courses that I wish to transfer toward I wish to transfer toward.	credit hours, r I degree, a ma rovided that t	egardless of a eximum of six hose courses	ot exceed seven age, to meet the semester credit are comparable
Student's Signature			Date		
Departmental Advisor:				- 	
(Name)		(Signature)		(Date)	
Dept. Chair/Program Director:	<u> </u>				
	(Name)	(Signature)		(Date)	
Graduate School Dean:					
(Name))	(Signature)		(Date)	
Registrar:					

(Signature)

(Name)

(Date)