SCHOOL OF LIBERAL ARTS GRADUATE STUDENT TRANSFER CREDIT REQUEST FORM

I. TO BE COMPLETED BY STUDENT

DATE: ____________________________

MEMO TO: __________________________________________

Student's Advisor

FROM: __________________________________________

Student Name/I.D. Number/Department

RE: TRANSFER CREDIT

I would like to request that the following courses be transferred from my:
(check one) graduate _____ / undergraduate _____ program record from:
_____________________________________________________________
(University Name)
to my: (check one) Master's _____ /Doctoral _____ program record at Tulane University.

LIST Courses Names/Numbers/Credit Hours & Attach Transcripts:
1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________
6. __________________________________________
7. __________________________________________
8. __________________________________________

Signature of Student: ____________________________ Date: ______________

II. TO BE COMPLETED BY THE DEPARTMENT: This form must be approved
and returned by the Department to the School of Liberal Arts, 102 Newcomb Hall.

Number of credits to be transferred: __________ (Attach Transcript)

Approved By: ____________________________ Date: ______________

Student's Advisor

Approved By: ____________________________ Date: ______________

Department Graduate Advisor or Dept. Chair

Approved By: ____________________________ Date: ______________

Dean of the School of Liberal Arts