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.

**Note: Maximum number of transfer credits differ for MS and PhD programs.

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 to the SSE Graduate Programs Office.

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: ______________
Department for the course (if different from degree program)

Approved By: __________________________ Date: ______________
Associate Dean of Graduate Programs