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 to the SSE Graduate Studies 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: ______________

Associate Dean of Graduate Studies