EASTERN MICHIGAN UNIVERSITY™

Graduate School

REQUEST FOR TRANSFER OF CREDIT – Master of Fine Arts or Doctoral Student

Please complete ALL information requested. Please PRINT clearly.

Student Name _____ Student Number _____
Last, First, Middle

Address _____

Phone (_____)_____ Phone (_____)_____
area code work number area code home number

I would like to request that the following course(s) be transferred to my Eastern Michigan University graduate program.

Course No.	Course Title	# of credits/ grade received	List date when course was taken	Name of college/ university where course was taken	Transcript on file? YES or NO	If NO, list the date when the transcript was requested

I understand that only courses with a grade of "B" or better may be transferred and that only the credit hours (without the grades) will appear on my Eastern Michigan University transcript, should the transfer be approved. I have read the section on "Transfer of Credits to Degree Programs" in the Graduate Catalog and understand and will abide by all of the requirements, including the seven-year time limitation unless the course(s) were completed during a prior graduate degree program. I further understand that approved transfer credit will appear on my transcript or academic record, even if it is not ultimately used on my program of study. The transcript from the college/university where this course was originally taken is currently on file, or has been requested.

_____ _____
Student Signature Date

This section to be completed by the Academic Department.

Request for Transfer of Credit has been recommended pending the receipt of the official transcript. A copy of the **Program of Study**, showing where the transfer course(s) will be used, is attached.

Print Advisor Name: _____ Department of: _____

_____ _____ _____
Graduate Adviser Signature Phone Number Date

_____ _____
Department Head Signature Date

This section to be completed by the Graduate School once official transcript is received:

Request is: [ ] Approved [ ] Denied _____ _____
Signature Date

Number of credits transferred: _____

The Graduate Adviser should forward this form to the Graduate School, 200 Boone Hall.

12/07