

# 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