

APPLICATION FOR THE TRANSFER OF GRADUATE CREDIT FROM OTHER INSTITUTIONS (Please Type)

Name:		ς	S#:		
(Last)	(First)	(Middle)	J#		
Please provide the following in		urse(s) being transferred: use attach additional sheet, if nee	eded)		
INSTITUTION	COURSE NUME			DATE	GRADE
(where taken)		CREDIT	HOURS	TAKEN	EARNED
I certify that the information prov		complete. I further certify th	at I have read	and understa	nd the policies
of the Graduate School with resp					
program. 3. For a Master's degree, I years at the time of grace 4. For a doctoral degree, I requirements of comple hours of doctoral level of to courses in my doctoral old at the time of initial	may transfer a maximum of duation (date on which degr may transfer a maximum of ting a Master's degree. I m courses taken at a doctoral of al Plan of Study and those si enrollment in a doctoral pro	econciled with the requirement of twelve (12) semester creditive is awarded from). It wenty-seven (27) semester may transfer toward a doctoral degree granting institution, poix credits are at an age that won a southern University. Of all courses that I wish to transfer toward I wish to transfer toward.	credit hours, r I degree, a ma rovided that t	egardless of a eximum of six hose courses	ot exceed seven age, to meet the semester credit are comparable
Student's Signature			 Date		
Departmental Advisor:				- 	
(Name)		(Signature)		(Date)	
Dept. Chair/Program Director:	<u>:</u>				
	(Name)	(Signature)		(Date)	
Graduate School Dean:					
(Name))	(Signature)		(Date)	
Registrar:					

(Signature)

(Name)

(Date)



CREDIT TRANSFER AGREEMENT FORM

Please provide course descriptions and/or copies of catalogs from the institution (s) for transfer credit to be articulated. Please be advised that your course equivalencies will take at least 10-15 working days for processing. Each College / Department has to evaluate each transfer course.

DI EASE DR INIT

					TICHNI					
Date			E-Mail							
Name										
Address										
City					State		Zip			
Name of Col	lege/Universit									
Class Standing				Session	Session or Semester					
Course(s) to	be taken at tr	ansient institutio	on / Soutl	hern Univ	ersity equiva	lent course(s)			
COURSE PREFIX	COURSE NO.	COURSE T	TTLE	HRS.	COURSE PREFIX	COURSE NO.	COURSE TIT	LE	HRS.	
									İ	
									<u> </u>	
									İ	
									İ	
*Semester h	ours will trans	sfer equality.			<u> </u>					
is accredited student. Gr Southern Un University.	, and you have ades and qua liversity. It is	e received prior lity point earne	permissic d in thes	on from the	ne appropriat s will be figu ne term to re	e departmen red in the Co equest an offi	r as long as the trai t to take the cours umulative Grade F cial transcript be s	ses as a Point Av	transient verage at	
Student's Signature		Date		Academic Advisor/Counselor		or	Date			
College/School Dean				 Registrar	Registrar			 Date		

Please attach the following:

- Copy of the transcripts of all courses that you wish to transfer.
- Course descriptions and/or copies of catalogs from the institution(s)