TRANSFER OF CREDIT

Transfer of credit must be graduate level courses and cannot be accepted for courses that have been used toward earning another degree. Independent Studies may not be transferred in for credit. A transfer of credit must be for a course currently being taught at SPHTM.

TO BE COMPLETED BY STUDENT. FORM MUST BE TYPED EXCEPT FOR SIGNATURES. RETURN FORM TO YOUR HOME DEPARTMENT.

Student Name:		
LAST	FIRST	MI
Student ID#:		
Request Transfer for:		
Course Number:		
Course Title:		
University where class was taken:		
Their Course Number:		
Number of credits to be transferred:		
This request is based on:		
Supporting documentation required (course syllabus or transcript):		
TO BE COMPLETED BY FACULTY WITH SIGNATURES OBT I have reviewed the supporting documentation. Based or indicated above be transferred.		
1. Advisor Signature:		
		DATE
2. Course Instructor Signature:		DATE
3. Course Chair Signature:		
		DATE
4. Course Department Signature:		DATE
T. Harris Danientoniant Circustonia		DATE
5. Home Department Signature:		
Your department will submit to BOX for Associate Dean		DATE
6. Associate Dean's signature:	of Student Affairs signature.	DATE
o. Associate Dealt's signature.	_	DATE