

REQUEST TO TRANSFER COURSES

Student: _____
Last Name
First Name
MI
NDID#

Advisor: _____ Co-Advisor: _____
Print Name
(If applicable)
Print Name

Instructions: Complete this form and submit to Gail Small before the completion of your first academic year of study. Attach a copy of your academic transcripts, and a syllabus for each course. If you believe the course satisfies the mathematics, numerical methods or out-of-department requirements, indicate so in the *Requirement* column.

*Note: Form data is savable using Reader 8.0 or higher.

Is this transfer request for credits from a previously completed and awarded master's degree? Yes No

Institution	Course #	Course Name	Term/Year	Grade	Requirement

Student: _____ Date: _____
Signature

Advisor: _____ Date: _____
Signature

Co-Advisor: _____ Date: _____
(If applicable) *Signature*

Approval: _____ Date: _____
Director of Graduate Studies Signature

Additional Comments: