

EASTERN MICHIGAN UNIVERSITY™
Graduate School

REQUEST FOR TRANSFER OF CREDIT
Doctoral Student

Please complete ALL information requested. Please PRINT clearly.

Student Name _____ Student Number _____

Last, First, Middle

Address _____

Phone (_____) _____
area code work number

Phone (_____) _____
area code home/cell 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 (e.g., A, A-, B+, and B; NOT P for pass or CR for credit or S for satisfactory) 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.

PhD Dissertation Adviser Name: _____ Program of Study: _____

PhD Dissertation Adviser Signature

Phone Number

Date

Form requires program sign-off and then goes to the Graduate School, 200 Boone Hall.

PhD Program Coordinator Signature

Phone Number

Date

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

Request is: Approved Denied

Graduate School Dean's Signature

Date

Number of credits transferred: _____