



Office of Records and Registration
 Eastern Michigan University
 304 Pierce Hall • Ypsilanti, MI 48197
 Phone: (734) 487-4111 • Fax: (734) 487-6808
 registrar@emich.edu

Graduate Request to Transfer Credit

The required information is necessary for the continuous legitimate business and educational operation of Eastern Michigan University. It is, and will be, maintained in compliance with applicable US law, educational accrediting body requirements, and institutional policies and procedures. Questions or concerns may be directed to the Office of Records and Registration at registrar@emich.edu.

Name:	EID:
Email:	Phone:
Address:	

I am requesting the following course(s) be transferred to my Eastern Michigan University transcript and graduate program.

Subject/ Course Number	Course Title	Semester/ Year Taken	Number of Credits/ Grade received	Name of Accredited College/University

I understand the following conditions concerning any transfer credit:

1. Must meet residency requirements (consult with your Program Coordinator to determine credit maximum)
2. Must be applicable to the EMU degree program
3. Must have a grade of "B" or better (grades of "pass," "satisfactory" or "credit" may not be transferred unless noted on the transcript key as equivalent to a B or better grade)
4. Must not be out-of-date (no course older than ten (10) years at the time of graduation will be allowed to be used to satisfy graduation requirements)
5. Must be recommended by Program Coordinator and approved by Records and Registration
6. Must be documented as graduate credit on an official graduate transcript from an accredited institution
7. Only the credit hours (without the grades) will appear on my Eastern Michigan University transcript
8. Transfer credit will appear on academic transcript as general credit (000)
9. Transfer credit will appear on academic transcript even if it is not ultimately used on program of study

Student Signature

Date

For Program Coordinator recommending transfer:	
I, _____, confirm an official transcript showing the listed course(s) is on file with the Office of Admissions. I further agree the course(s) is to be used on the student's graduate Program of Study and have attached a copy to this request. Approved transfer credits are only valid through (semester/year) _____.	
Email:	Date:
Signature:	

Please submit completed requests via mail, fax or email:

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 Fax: 734.487.6808**

FOR OFFICE USE ONLY

Request is (check one): <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Staff signature:	