

EASTERN MICHIGAN UNIVERSITY

GRADUATE REQUEST TO TRANSFER CREDIT.

Only use this form if 1) course was taken at an accredited university other than EMU and 2) course was not taken as part of a prior earned degree. If either of these conditions are true, please complete a Graduate Petition instead.

Name: _____ Student Number: E_____

Street address _____ City/State/ZIP: _____

EMU email address: _____@emich.edu Phone: _____

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	# OF CREDITS/ GRADE RECEIVED	NAME OF ACCREDITED COLLEGE/UNIVERSITY WHERE TAKEN

I understand the following conditions concerning any transfer credit:

- 1) Allowable maximum credits for transfer are typically twelve (12) hours for a doctoral program (consult with Program Coordinator for exceptions); six (6) hours for a specialist's degree; twelve (12) for a master's degree; three (3) for a certificate
- 2) Must be applicable to the EMU degree program
- 3) Must not have been used on a prior degree
- 4) 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)
- 5) May not be out-of-date (no course older than ten (10) years at the time of graduation will be allowed to be used to satisfy graduation requirements)
- 6) Must be recommended by my Program Coordinator and approved by Records and Registration
- 7) Must be documented as graduate credit on an official graduate transcript from an accredited institution
- 8) Only the credit hours (without the grades) will appear on my Eastern Michigan University transcript
- 9) Transfer credit will appear on my academic transcript even if it is not ultimately used on my program of study

Student's signature: _____ Date: _____

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 the _____ semester/year.

Program Coordinator Name: _____ Email: _____@emich.edu
 Program Coordinator's signature recommending transfer: _____
 Date: _____

RETURN THIS FORM TO THE OFFICE OF RECORDS AND REGISTRATION, 303 PIERCE HALL, FAX: 734.487.6808.

For Office Use Only:

Request is [] Approved [] Denied [] Recorded in Banner Date: _____

Staff signature: _____