Graduate Studies Transfer Credit Request Form

Student Name: ___________________________ Student ID#: ___________________ Phone: ____________________________

Address: ______________________________ City: __________________________ State: _______ Zip: ________________

I request the following courses be accepted to fulfill requirements for the Master's Degree Program in ___________________________. My anticipated graduation term is: ________________.

__________________________________________________________________________

Student Signature ___________________________ Date __________________________

<table>
<thead>
<tr>
<th>Institution where course was taken</th>
<th>Term/year</th>
<th>Identification of course: Dept, Course number and Title</th>
<th>grade</th>
<th>Number of Credits</th>
<th>Course to be entered on UWS transcript: Dept name &amp; Course number</th>
<th>Number of UWS credits</th>
<th>Advisor approval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Attach syllabus(syllabi) for course(s) you are requesting to transfer to UWS and submit to your advisor for approval
2. If the transfer is approved, you must provide an official transcript to the Graduate Studies Office, Swenson Hall, Room 3061.
3. Any course transferred in must carry a letter grade of B or better; Pass/Fail grades are not accepted for transfer.
4. You will be notified when the transfer has been completed.

Advisor: Indicate your decision per course above, sign below and forward to the Graduate Studies Office, Swenson Hall, Room 3061.

__________________________________________________________________________

Advisor Signature ___________________________ Date __________________________

Program Coordinator Signature ___________________________ Date __________________________

Comments: