

Name: _____
Last First

ID: _____

Andrews University

TRANSFER CREDIT REQUEST Master's Program

Department: _____

Degree: _____

Anticipated Grad. Date: _____

Mailing address: _____

Department: _____

Emphasis: _____

Bulletin: _____

Phone: _____

I hereby request the following graduate courses taken at another institution be accepted and applied to my graduate degree requirements. I understand the following restrictions:

1. Maximum of 20% total required credits may be transferred;
2. Each course must have a grade of B (3.00) or higher;
3. Each course must be taken no earlier than six calendar years prior to graduation;
4. An official transcript from the institution must be on file in the Records Office before the credit will be transferred, and it is my responsibility to request the transcripts should be sent directly to the Records Office.

COURSES TAKEN

Number	Course Title	Institution	Credits	Grade	Term/Year Taken	Equivalent AU Course
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

COURSES TO BE TAKEN

Number	Course Title	Institution	Credits	Grade	Term/Year to be Taken	Equivalent AU Course
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Student

Date

Total Credits in Program: _____

Total Credits to be Transferred: _____

Academic Adviser

Date

For MAT only: Content Adviser

Date

Department Chair/Program Director

Date

School Dean

Date