



Graduate School

REQUEST TO TRANSFER CREDIT TO A DEGREE PROGRAM

Name \_\_\_\_\_ ID# \_\_\_\_\_

Present address \_\_\_\_\_ Telephone# \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_

Return this completed form, including the appropriate advisor's signature, to the Graduate School. Transfer of credit will be accepted until 4:30 p.m. on the first Friday of the semester in which you plan to graduate. A maximum of nine (9) semester hours (no grade lower than a B) may be transferred in from other regionally accredited institutions with the written recommendation of the advisor. No transfer credit will be counted which was earned more than seven (7) years prior to the date you expect to complete this degree. The program time limit starts on the first day of the term in which you enroll in coursework for graduate credit that is required for your degree. Should any of the coursework, resident or transfer, exceed the time limit, the classes will have to be repeated.

I request the following credits be transferred for the specifically named courses or component area on my program of study. Official transcripts from the institution MUST accompany this request, if they have not been filed previously in the graduate office.

Transfer course information

Institution: \_\_\_\_\_
Course prefix and number \_\_\_\_\_
Title \_\_\_\_\_
Semester/year completed \_\_\_\_\_
Credits earned and grade \_\_\_\_\_

Minot State course information

Course prefix and number \_\_\_\_\_
Title \_\_\_\_\_
Credits and grade to transfer \_\_\_\_\_

Transfer course information

Institution: \_\_\_\_\_
Course prefix and number \_\_\_\_\_
Title \_\_\_\_\_
Semester/year completed \_\_\_\_\_
Credits earned and grade \_\_\_\_\_

Minot State course information

Course prefix and number \_\_\_\_\_
Title \_\_\_\_\_
Credits and grade to transfer \_\_\_\_\_

Transfer course information

Institution: \_\_\_\_\_
Course prefix and number \_\_\_\_\_
Title \_\_\_\_\_
Semester/year completed \_\_\_\_\_
Credits earned and grade \_\_\_\_\_

Minot State course information

Course prefix and number \_\_\_\_\_
Title \_\_\_\_\_
Credits and grade to transfer \_\_\_\_\_

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Student signature

Date

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Program Director signature

Date

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Department Chair signature

Date

I approve the acceptance of the transfer credit(s) following the stated requirements.

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Associate Vice President of Graduate School Signature

Date