



Minot State UNIVERSITY

Graduate School

REQUEST TO TRANSFER CREDIT TO A DEGREE PROGRAM

Name _____ MSU ID# _____

Present Address _____ Telephone# _____

Anticipated Date of Graduation _____

The student is to return this completed form, including the appropriate advisor's signature, to the Graduate School. Transfer of credit will be accepted in the Graduate School until 4:30 p.m. on the first Friday of the semester in which the student plans to graduate. A maximum of 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 the first day of the term in which you enroll in course work for graduate credit which is required for the degree. Should any of the course work (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 _____

MSU 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 _____

MSU 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 _____

MSU Course Information

Course Prefix and Number _____
Title _____
Credits and Grade to Transfer _____

****Original signatures required**

Signature of Student

Date

Signature of Program Director

Date

Signature of Dept. Chair

Date

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

Signature, Associate Vice President of Graduate School

Date