

College Graduate Office Owen Hall 812.856.3687 coasgrad@indiana.edu

REQUEST FOR TRANSFER OF GRADUATE CREDIT

College of Arts & Sciences, Graduate Office

All requests for transfer of graduate credit that include courses to be counted toward Ph.D. candidacy must be considered and approved by the College before the student may be formally nominated to Ph.D. candidacy.

Please forward the student's graduate transcript (from the institution named below) with this signed form to the College Graduate Office (coasgrad@indiana.edu).

University	ID Numb	oer:		Мај	Major:			
Full Name	:							
Transferre	d units ap	ply to		degree.				
lf u	nits apply	/ to the Ph.D. degre	e, has the student	been admitted to candid	dacy?			
Ser	mester an	nd year admitted to	Ph.D. candidacy:					
Total seme	ster units	of transfer credit	requested:					
Course dat	a: (please	e attach original tra	nscript or photoco	ppy of <u>both</u> sides of trans	script)			
Institution				City	State	State Country		
Semester	Year	Department	Course #	Title		Unit Credit	Grade	
Director of Graduate Studies (or Graduate Advisor)						e		
						•		
Approval:								
_	Dean Colle	ege of Arts and Scienc	ces, Graduate Office	 Date				
						Date Updated: 15-Sep-15		