

Name: _____
Last First

ID: _____

Andrews University

TRANSFER CREDIT REQUEST Master's Program

School: _____

Department: _____

Degree: _____

Emphasis: _____

Anticipated Grad. Date: _____

Bulletin: _____

Mailing address: _____

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 transcript. **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