

REQUEST FOR TRANSFER OF GRADUATE COURSES

Name: _____ Degree: _____

Panther #: _____ Major: _____

Instructions

Please attach a copy of the course syllabus for each course you list below. If a course syllabus is unavailable, you must obtain satisfactory documentation of the course content from the institution where the course was taken. A complete official transcript must be on file in order for transfer credit to be awarded. Transfer credit is subject to approval by the dean of the College of Arts and Sciences.

The transfer of graduate courses request form should be submitted to the department for initial evaluation and then forwarded to the Graduate Services Office for review. Once reviewed, the appropriate area associate dean's signature is obtained and this form is returned to Graduate Services at the above address.

Master's candidates: A maximum of 6 semester hours of transfer credit may be applied to your degree program. A request for more than six hours must be accompanied by a Petition for Deviation from Graduate Bulletin Regulations, which is available from the Office of Graduate Studies.

Doctoral candidates: A maximum of 30 semester hours of transfer credit may be applied to your degree program.

Note: Course work transferred from other institutions is subject to the seven-year time limit on requirements for the master's degree and the ten-year time limit on requirements for the doctorate. Please contact the Graduate Office for further information.

STATEMENT OF STUDENT

I request that the following graduate course(s) be applied to my degree program at Georgia State University:

Institution: _____ (please indicate **in full**)

	Term	Year	Credit Hours		Grade	Course Prefix & Number	Course Title	Please indicate equivalent course prefix & number.
			Sem	Qtr				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
	Total							

Seven-Year limit (Masters):	
Ten-Year limit (PHD):	

Student Date

Departmental Director of Graduate Studies Date

Departmental Director Date

Reviewed: _____

Entered: _____