

PETITION FOR TRANSFER OF GRADUATE CREDIT

POLICIES: Graduate credit may be transferred from other institutions provided: **credits were earned in residence study, in another accredited graduate school, are certified as graduate credit with grades of B or better on an official transcript, and are certified by the adviser to be acceptable in the student's degree program as major, core or minor-cognate work.** For other specific regulations re: Master's degree transfer credits, see the section on GRADUATE ACADEMIC REGULATIONS in the current WAYNE STATE UNIVERSITY GRADUATE BULLETIN.

PROCEDURES: Please fill out this form, secure your adviser's approval, and present it at the Graduate Office, 2155 Old Main. **Credit Previously Earned** - Please list credits below and supply transcript. **Credit To Be Earned** - After a student has been admitted as a graduate student, and if he desires to earn graduate credit in another institution, he should secure permission from his department **BEFORE** such credits are earned. **List proposed courses below, secure advisor's approval and present this form to this office. After the credits are earned the student must present them to this office on an official transcript from the institution attended.**

STUDENT'S PETITION:

PID# _____

Name _____
(Miss, Mr., Mrs., Ms.) First Middle Last

Phone _____

Address _____
Number Street City State Zip Code

Major _____ Advisor _____
(Include Area of Specialization)

I hereby petition for transfer of _____ semester hours of credit
() to be earned
() earned in _____
Term and Year

at _____ State of _____

A transcript request was made to the GRADUATE OFFICE on (Date) _____

| COURSES REQUESTED TO BE TRANSFERRED | | | | | | ADVISOR'S CLASSIFICATION | |
|-------------------------------------|-----|-------|----------|-----------------|-------|--------------------------|---------------|
| DEPT. | No. | TITLE | Cr. Hrs. | Grade If Earned | Major | Core | Minor Cognate |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Reason for request _____

Student's Signature _____

ADVISOR'S RECOMMENDATION TO THE GRADUATE SCHOOL:

- () It is recommended that the courses checked under "Advisor's Classification" above be transferred and classified as indicated: major, core or minor-cognate.
- () It is not recommended that the above courses be transferred

Advisor's Signature _____

Date _____

LIBERAL ARTS and SCIENCES GRADUATE OFFICE AUTHORIZATION:

- () Permission is granted to take courses indicated above
- () Transfer of credit is authorized in courses indicated above

(Signed) _____
Dean or Designee

Date _____