



# NORTHWESTERN STATE UNIVERSITY of LOUISIANA

## APPLICATION FOR TRANSFER OF GRADUATE CREDIT

**Revised  
Sept 2022**

**PLEASE NOTE:** A separate form must be completed for each university from which course transfers are requested. If a student is transferring a course during the same semester in which he/she plans to complete requirements for a degree, the official transcript must be received prior to the deadline date for candidates for graduation.

1. **Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
or **Student ID** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street or PO Box

**Address:** \_\_\_\_\_  
City State Zip

**Telephone:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell Work

**E-mail:** \_\_\_\_\_

2. Institution where credit was earned: \_\_\_\_\_

3. Does Northwestern Graduate School have an official transcript from the university named in Item 2 above?  
 YES  NO (If "NO" do not process this form.)

4. Was the course credit earned within the six-year time limit?  
 YES  NO (If "NO" do not process this form.)

5. Student's NSU Major: \_\_\_\_\_  
 Student's Academic Concentration: (where applicable) \_\_\_\_\_.

Name of Course Requested for Transfer	NSU Course No.	Other Univ. Course No.	Sem. Hrs.	Grade Earned	Sem. Earned
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Please sign below and forward to the Graduate School.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Student's Major Professor:**

- 1. Is the transferring institution accredited? \_\_ YES    \_\_ NO
- 2. Does the transferring institution regularly grant graduate degrees? \_\_ YES    \_\_ NO
- 3. Was the transfer work clearly listed as being for graduate credit? \_\_ YES    \_\_ NO
- 4. Was the grade earned in each transfer course "B" or above? \_\_ YES    \_\_ NO
- 5. Was the transfer course earned in residence? \_\_ YES    \_\_ NO
- 6. Do the transfer courses fit the associated curriculum at Northwestern? \_\_ YES    \_\_ NO

**I recommend that the student be permitted to transfer the above course(s).** \_\_ YES    \_\_ NO

Major Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of College Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Education/Nursing only if applicable

**To be completed by Graduate School:**  Approved  Disapproved

Comments \_\_\_\_\_  
 \_\_\_\_\_

Dean of Graduate School Signature: \_\_\_\_\_ Date: \_\_\_\_\_