

APPLICATION FOR TRANSFER OF GRADUATE CREDIT

Revised
Sept 2017

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 fax or email to the Graduate School at (318)357-5019 or grad_school@nsula.edu

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: _____