APPLICATION FOR TRANSFER CREDIT TOWARD A GRADUATE DEGREE
(Read Form T115, Transfer of Graduate Credit, before filling out this form.)

ONLY UPON RECEIPT OF THE TRANSFER REQUEST FORM, TRANSCRIPT, SCHOOL CATALOG, OR COPY
OF COURSE DESCRIPTION will the student’s request be acted upon. The student will be
notified, in writing, by the Office of the Registrar when a decision has been reached.

School: Azriel Graduate School
Department
Program MS

Date of this application
Student’s signature

Student’s name
Print: Last FirstMiddle

ID NO.

Student’s address

Number and Street

City State Zip Code

Degree Sought
Credits for this degree

INSTITUTIONS AT WHICH COURSES WERE TAKEN: (If taken at more than one insti-
_ tution, coordinate each course with the attending institution.)

1. ___________________________________________ 19______

2. ___________________________________________ 19______

3. ___________________________________________ 19______

Where Taken & No.

Course Title

Credits Grade YU Course Equivalent

Comments

Total transfer credits:

w.e.g., specify if course is used to meet requirements in specific area.

Date Signature of Department Chairman

Date Signature of Dean

Date Signature of Registrar

White Copy for Registrar, Pink for Department, Yellow for Student

Form T19.5
(11/84)