



# Minot State UNIVERSITY

## Graduate School

## REQUEST TO TRANSFER CREDIT TO A DEGREE PROGRAM

Name \_\_\_\_\_ MSU ID# \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone# \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone# \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

The student is to return this completed form, including the appropriate advisor's signature, to the Graduate School. Transfer of credit will be accepted in the Graduate School until 4:30 p.m. on the first Friday of the semester in which the student plans to graduate. A maximum of 12 semester hours (no grade lower than a "B") may be transferred from other regionally accredited institutions with the written recommendation of the advisor. No transfer credit will be counted which was earned more than seven (7) years prior to the date you expect to complete this degree. The program time limit starts the first day of the term in which you enroll in course work for graduate credit which is required for the degree. Should any of the course work (resident or transfer) exceed the time limit, the classes will have to be repeated.

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I request the following credits be transferred for the specifically named courses or component area on my Program of Study. Official transcripts from the institution **MUST** accompany this request, (if they have not been filed previously in the Graduate Office).

### 1. Transfer Course

Course Number \_\_\_\_\_  
Semester Hours \_\_\_\_\_  
Title \_\_\_\_\_  
Semester/Year Completed \_\_\_\_\_  
Grade \_\_\_\_\_  
Institution/City \_\_\_\_\_

### 2. Transfer Course

Course Number \_\_\_\_\_  
Semester Hours \_\_\_\_\_  
Title \_\_\_\_\_  
Semester/Year Completed \_\_\_\_\_  
Grade \_\_\_\_\_  
Institution/City \_\_\_\_\_

### Program of Study Course or Component Area

Course Number \_\_\_\_\_  
Or  
Component Area \_\_\_\_\_  
Title \_\_\_\_\_  
Semester Hours \_\_\_\_\_

### Program of Study Course or Component Area

Course Number \_\_\_\_\_  
Or  
Component Area \_\_\_\_\_  
Title \_\_\_\_\_  
Semester Hours \_\_\_\_\_

(OVER)

**3. Transfer Course**

Course Number \_\_\_\_\_  
Semester Hours \_\_\_\_\_  
Title \_\_\_\_\_  
Semester/Year Completed \_\_\_\_\_  
Grade \_\_\_\_\_  
Institution/City \_\_\_\_\_

**Program of Study Course or Component Area**

Course Number \_\_\_\_\_  
Or  
Component Area \_\_\_\_\_  
Title \_\_\_\_\_  
Semester Hours \_\_\_\_\_

**4. Transfer Course**

Course Number \_\_\_\_\_  
Semester Hours \_\_\_\_\_  
Title \_\_\_\_\_  
Semester/Year Completed \_\_\_\_\_  
Grade \_\_\_\_\_  
Institution/City \_\_\_\_\_

**Program of Study Course or Component Area**

Course Number \_\_\_\_\_  
Or  
Component Area \_\_\_\_\_  
Title \_\_\_\_\_  
Semester Hours \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Advisor Date

I approve the acceptance of the transfer credit(s) following the stated requirements.

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