Transfer of Credit Request Form

Name ____________________________________________ NOBTS-ID ____________

Address ______________________________________ City __________ State ______ Zip _____

Phone ___________________ Email ________________________

Name of Institution ______________________________________

Course Number _____________ Course Title __________________

Description _____________________________________________

_____________________________________________________________________________________

Course Number _____________ Course Title __________________

Description _____________________________________________

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Put additional requests on back.

REQUEST FOR TRANSFER OF CREDIT MUST BE COMPLETED AT THE TIME OF APPLICATION. This form must be submitted with the PhD application (including official transcripts). Please read Section II.J of the Manual for Research Doctoral Programs regarding eligibility and procedure. If possible, please submit syllabi from these courses.

Applicant’s Signature ____________________________________ Date ___________________

FOR OFFICE USE ONLY

Division Recommendation: _______________________________________________________

_____________________________________________________________________________________

Approved by DAC: ____________________________ Date: _________________________

NOBTS TRANSCRIPT (For Registrar’s Office)

Course Number Course Title Grade

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Rev. date: 8/26/08