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 _____

_____

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.K 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

_____

_____

Rev. date: 6/19/20