### Graduate Program Course Transfer Form

**STUDENT’S NAME:**

(Last) (First) (Middle/Former) (NMU IN)

**CURRENT ADDRESS:**

Street City State Zip Code

**PROGRAM:**

PROGRAM:

**ADVISER’S NAME:** ___________________________ DEPT.:

Institution at which credit was earned (one institution per form):

<table>
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<tr>
<th>Institution Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Courses to be considered for transfer:**

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<tr>
<th>Course No.</th>
<th>Title of Course</th>
<th>Cr. Hours*</th>
<th>Grade</th>
<th>Date Earned</th>
<th>Hours to Transfer</th>
<th>NMU Equivalent Course or Elective?</th>
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** Indicate whether the Hours Credit are Semester Hours [ ] or Quarter Hours [ ]

**TO THE STUDENT:** Note the regulations on Transfer Credit in your on-line Graduate Bulletin. Your advisor must complete this form. You must also arrange with the issuing institution to send an Official transcript directly the Office of Graduate Education and Research. Consideration of your request to transfer hours will not be made until all required documents have been received.

**TO ADVISOR:** By completing and signing this form, you recommend that the above transfer courses/credits be applied to this student’s degree program as specified in the table above.

DATE: ___________ ADVISOR’S SIGNATURE: __________________________

[ ] Approved  [ ] Denied

Office of Graduate Education (approval signature or denial reason) Date

**Distribution:** Office of Graduate Education

NOTE: If approved, the student and advisor will receive a transfer credit evaluation. If the above recommendation is denied, a copy of this form will be sent.

Form updated: 11/15/2012