



Graduate Program Course Transfer Form

STUDENT'S NAME: (Last) (First) (Middle/Former) (NMU IN)

EMAIL:

PROGRAM:

ADVISER'S NAME: DEPT.:

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

Institution Name City State

Courses to be considered for transfer:

Table with 7 columns: Course No., Title of Course, Cr. Hours*, Grade, Date Earned, Hours to Transfer, NMU Equivalent Course or Elective?

** 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 College of Graduate Studies and Research.

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

College of Graduate Studies (approval signature or denial reason) Date

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.