

REQUEST FOR GRADUATE TRANSFER CREDIT

Student Name: _____ UID#: _____

Major Area: _____ Degree Program: MA DMA PhD
(circle one)

Course Name: _____ Course #: _____ SH: _____

Instructor of Course: _____ Grade Earned: _____ YR Taken: _____

Name of Institution Where Course Taken: _____

Provide the following Course documents:

- Description
- Syllabus
- Papers or other pertinent materials
- Transcript

I am requesting transfer credit to be applied to:

- Music Theory
- Music History
- Intro to Grad Studies
- Other _____

For SOM Use Only:

Request forwarded to: _____ Date: _____

Faculty Recommendation:

Faculty Signature: _____ Date: _____

Transfer Credit Approved

Transfer Credit Not Approved

Associate Director of Grad Studies: _____ Date: _____