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 ___________________________

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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: ________________
Rev. 08/2017