REQUEST FOR GRADUATE TRANSFER CREDIT

Student Name: _______________________________ ID#: _____________________

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 provided
☐ Please use Transcript from student file

I am requesting transfer credit to be applied to:
☐ Music Theory
☐ Music History
☐ Intro to Grad Studies
☐ Applied Music
☐ 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. 11/12