



REQUEST TO TRANSFER CREDIT TO A DEGREE PROGRAM

Name: _____ ID#: _____

Current address: _____
Street address City State Zip code

Telephone#: _____ Anticipated date of graduation: _____

Return this completed form, including the appropriate advisor's signature, to the Graduate School. Transfer of credit will be accepted until 4:30 p.m. on the first Friday of the semester in which you plan to graduate. A maximum of nine (9) semester hours (no grade lower than a B) may be transferred in from other regionally accredited institutions with the written recommendation of the advisor. No transfer credit will be counted which was earned more than seven (7) years prior to the date you expect to complete this degree. The program time limit starts on the first day of the term in which you enroll in coursework for graduate credit that is required for your degree. Should any of the coursework, resident or transfer, exceed the time limit, the classes will have to be repeated.

I request the following credits be transferred for the specifically named courses or component area on my program of study. Official transcripts from the institution MUST accompany this request, if they have not been filed previously in the graduate office.

Transfer course information

Institution: _____
Course prefix and number: _____
Title: _____
Semester/year completed: _____
Credits earned and grade: _____

Minot State course information

Course prefix and number: _____
Title: _____
Credits and grade to transfer: _____

Transfer course information

Institution: _____
Course prefix and number: _____
Title: _____
Semester/year completed: _____
Credits earned and grade: _____

Minot State course information

Course prefix and number: _____
Title: _____
Credits and grade to transfer: _____

Transfer course information

Institution: _____
Course prefix and number: _____
Title: _____
Semester/year completed: _____
Credits earned and grade: _____

Minot State course information

Course prefix and number: _____
Title: _____
Credits and grade to transfer: _____

Student signature *(electronic or original)*

Date

Program Director signature *(electronic or original)*

Date

Department Chair signature *(electronic or original)*

Date

I approve the acceptance of the transfer credit(s) following the stated requirements.

Head of Graduate School signature *(electronic or original)*

Date

Updated 9/2019