SCHOOL OF LIBERAL ARTS GRADUATE STUDENT TRANSFER CREDIT REQUEST FORM

(use this form to transfer credit hours from ANOTHER University to a Tulane degree)

I. TO BE COMPLETED BY STUDENT

D 4 FFF		
DATE:		
МЕМО ТО	ГО:	
	Student's Advisor	
FROM:		
	Student Name/I.D. Number/Department	
RE:	TRANSFER CREDIT	
	ke to request that the following courses be transferred from my: e) graduate / undergraduate program record from:	
	(Transferring University Name)	
to my: (chec	neck one) Master's Doctoral program record at Tulane University.	
Number of a	urse Name/Course Number of course(s) to be transferred AND the full Course of an equivalent TULANE course AND number of credit hours to transfer ULANE degree for each course transferred.	
2		
Signature of	of Student: Date:	
II. TO BE	E COMPLETED BY THE DEPARTMENT: This form must be approved	
and returne	rned by the Department to the School of Liberal Arts Dean's Office	
	f credits to be transferred:(Attach TRANSCRIPT of TRANSFE	RRING school)
Approved By	By: Date: Student's Advisor	
Approved By	By: Date:	
••	By: Date: Department Graduate Advisor or Dept. Chair	
Approved By	By: Date:	
	Dean's Office - Graduate Programs, School of Liberal Arts	