SCHOOL OF LIBERAL ARTS GRADUATE STUDENT TRANSFER CREDIT REQUEST FORM

I. TO BE COMPLETED BY STUDENT

DATE: MEMO TO: Student's Advisor FROM: Student Name/I.D. Number/Department RE: TRANSFER CREDIT I would like to request that the following courses be transferred from my: (check one) graduate _____/ undergraduate _____ program record from: (University Name) to my: (check one) Master's_____/Doctoral____ program record at Tulane University. LIST Courses Names/Numbers/Credit Hours & Attach Transcripts: Signature of Student: Date: II.TO BE COMPLETED BY THE DEPARTMENT: This form must be approved and returned by the Department to the School of Liberal Arts, 102 Newcomb Hall. Number of credits to be transferred: _____ (Attach Transcript) Approved By: _____ _____ Date: _____ Student's Advisor Approved By: ______ Date: _____ Department Graduate Advisor or Dept. Chair Approved By: ______ Date: _____ Dean of the School of Liberal Arts