

TULANE UNIVERSITY

SCHOOL OF LIBERAL ARTS

GRADUATE STUDENT TRANSFER CREDIT REQUEST FORM

I. TO BE COMPLETED BY STUDENT:

DATE: _____ MEMO TO: _____
Student's Advisor

FROM: _____ ID#: _____ DEPT: _____
Student Name

RE: TRANSFER CREDIT

I would like to request that the following courses be transferred from my (check one) graduate / undergraduate program record to my Master's / Doctoral program record at Tulane University.

Course & CRN Number	Course Title	Semester/Year Course Taken	Credit Hours	Count As UG Only	Count as GR Only	Count as both UG & GR

Student Signature: _____ Date: _____

II. TO BE COMPLETED BY THE DEPARTMENT. This form must be approved and returned by the Department of the School of Liberal Arts, 102 Newcomb Hall.

Number of Credits to be Transferred: _____ (Attach Transcript)

Approved By: _____ Date: _____
Student Advisor

Approved By: _____ Date: _____
Department Graduate Advisor of Dept. Chair

Approved By: _____ Date: _____
Dean of the School of Liberal Arts