

Name: \_\_\_\_\_  
Last First

ID: \_\_\_\_\_

# Andrews University

## TRANSFER CREDIT REQUEST Master's Program

School: \_\_\_\_\_

Department: \_\_\_\_\_

Degree: \_\_\_\_\_

Emphasis: \_\_\_\_\_

Anticipated Grad. Date: \_\_\_\_\_

Bulletin: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby request the following graduate courses taken at another institution be accepted and applied to my graduate degree requirements. I understand the following restrictions:

1. Maximum of 20% total required credits may be transferred;
2. Each course must have a grade of B (3.00) or higher;
3. Each course must be taken no earlier than six calendar years prior to graduation;
4. An official transcript from the institution must be on file in the Records Office before the credit will be transferred, and it is my responsibility to request the transcript. **Transcripts should be sent directly to the Records Office.**

### COURSES TAKEN

Number	Course Title	Institution	Credits	Grade	Term/Year Taken	Equivalent AU Course
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### COURSES TO BE TAKEN

Number	Course Title	Institution	Credits	Grade	Term/Year to be Taken	Equivalent AU Course
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

Total Credits in Program: \_\_\_\_\_

Total Credits to be Transferred: \_\_\_\_\_

\_\_\_\_\_  
Academic Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
For MAT only: Content Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair/Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Dean

\_\_\_\_\_  
Date