College of Graduate and Professional Studies

INDIANA STATE UNIVERSITY

Application for Transfer of Graduate Credit

Name: _____ Student ID #: _____

Last *First* *M.I.*

Institution	Semester/ Term	Course (Subject/Course Number)	Credit Hours	Grade Earned	ISU Course Equivalence (specific requirement from the student's Program of Study)	Applicable to all students?
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

The official transcript for each institution must be received by the Office of Registration and Records prior to the authorization of transfer credit.

Required Approvals

I certify that the information provided above is accurate and complete and that the courses are fundamentally equivalent in learning outcomes and program requirements. I further certify that I have read and understand the policies of the College of Graduate and Professional Studies with respect to the transfer of graduate credits.

Program Advisor: _____
Printed Name *Signature* *Date*

Department Chair: _____
Printed Name *Signature* *Date*

CGPS Dean: _____
Printed Name *Signature* *Date*

Scan this form and email to the College of Graduate and Professional Studies, ISU-GradInfo@indstate.edu. Forms will only be accepted when emailed from the department or college.
Copy to be retained in ImageNow.

Revised September 1, 2018