



Office of Graduate Education and Research
 1401 Presque Isle Avenue
 Marquette, MI 49855
 Phone: 906-227-2300
 Fax: 906-227-2315
www.nmu.edu/graduate

Graduate Program Course Transfer Form

STUDENT'S NAME: _____
(Last) (First) (Middle/Former) (NMU IN)

CURRENT ADDRESS: _____
Street City State Zip Code

PROGRAM: _____

ADVISER'S NAME: _____ DEPT.: _____

Institution at which credit was earned (one institution per form):

Institution Name City State Zip

Courses to be considered for transfer:

Course No.	Title of Course	Cr. Hours*	Grade	Date Earned	Hours to Transfer	NMU Equivalent Course or Elective?

** Indicate whether the Hours Credit are Semester Hours or Quarter Hours

TO THE STUDENT: Note the regulations on Transfer Credit in your on-line Graduate Bulletin. Your advisor must complete this form. You must also arrange with the issuing institution to send an **Official** transcript directly the Office of Graduate Education and Research. Consideration of your request to transfer hours will not be made until all required documents have been received.

TO ADVISOR: By completing and signing this form, you recommend that the above transfer courses/credits be applied to this student's degree program as specified in the table above.

DATE: _____ ADVISOR'S SIGNATURE: _____

- Approved
 Denied

 Office of Graduate Education (approval signature or denial reason) Date

Distribution: Office of Graduate Education

NOTE: If approved, the student and advisor will receive a transfer credit evaluation. If the above recommendation is denied, a copy of this form will be sent.