

Office of Graduate Education and Research

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Marquette, MI 49855

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[www.nmu.edu/graduate](http://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? |
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|  |  |  |  |  |  |  |

\*\* 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.

Form updated: 11/15/2012