

Chadron State College -- Request for Transfer Credit -- Graduate

*All Non-CSC Courses require a syllabus. If this is not possible, a detailed course description is necessary.

*Undergraduate courses may not count for graduate credit.

Student Name: _____ Student ID: _____
Last First

Graduate Study for: Master of Arts in Education Master of Education
(check one) Master of Business Administration Master of Science in Organizational Management

If approved, this course will be used as a/an: Core Course Required Course Elective Course
(check one)

Transfer Course: _____
Discipline/Dept. Course # Course Title Grade Credit Hour(s)

Required Course:
(Completed by Discipline/Dept. Course # Course Title Credit Hour(s)
Advisor)

Transfer course completed where? _____ Full Name of Institution _____ Transfer course completed when? _____ Semester/Year _____

Reason: _____

_____ Student's Signature (typed) _____ Date: mm/dd/yy

_____ Advisor Printed Name _____ Advisor Signature _____ Date: mm/dd/yy

_____ Chair/Dept. Printed Name _____ Chair/Dept. Signature _____ Date: mm/dd/yy

Decision by Dean of Graduate Studies: Yes No

_____ Dean of Graduate Studies Signature _____ Date: mm/dd/yy

By submitting this form and signing electronically, I recognize that it will be considered as effective and valid as an original.

Internal Office Use Only

Using as a 901 transfer _____

901 Course

Revised 11-20-2016 jkw