# Request for Transfer of Graduate Credit

**JACKSON STATE UNIVERSITY**  
Jackson, Mississippi

**COURSE TITLE & NUMBER** | **CREDIT HOURS** | **INSTITUTION**  
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1. | |  
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**GENERAL INFORMATION REGARDING EVALUATION PROCEDURES:**  
1. The courses transferred must be graduate-level courses at institutions approved to offer graduate instruction. The form is to be executed by the student in consultation with his/her advisor.  
2. An official transcript from institution(s) concerned must support this request. An official transcript must be on file in the Graduate School.  
3. The University may consider up to nine (9) semester hours in transfer credit. The Master of Social Work (MSW) degree program is an EXCEPTION in that it will accept up to 30 credit hours. A maximum of 15 hours may be transferred by doctoral candidates.  
4. A grade of "C" or below earned in any course will not be considered for transfer purposes.

**NAME**  
**Signature of Applicant**  

**Student Social Security Number**  
**Date**  

**Mailing Address**  
Street Number and Name or P. O. Box | City | State | Zip Code
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**DO NOT WRITE BELOW THESE LINES**

☐ Request Rejected:  
**Dean of the Graduate School**  
**Date**

☐ Credits Accepted: (Valid Until)  

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**COURSE TITLE & NUMBER** | **CREDIT HOURS** | **INSTITUTION**  
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1. | |  
2. | |  
3. | |  

**Chairman of Department**  
**Dean of the Graduate School**

**DISTRIBUTION OF FORMS:**  

**WHITE COPY:** Office of Data Management & Records  
**CANCERY COPY:** Department Chairman  
**PINK COPY:** Graduate School  
**GOLDENROD COPY:** Student