

JACKSON STATE UNIVERSITY
Jackson, Mississippi

REQUEST FOR TRANSFER OF GRADUATE CREDIT

	COURSE TITLE & NUMBER	CREDIT HOURS	INSTITUTION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

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

DO NOT WRITE BELOW THESE LINES

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Request Rejected: _____ Date _____
Dean of the Graduate School

Credits Accepted: (Valid Until) _____

	COURSE TITLE & NUMBER	CREDIT HOURS	INSTITUTION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Chairman of Department

Dean of the Graduate School

DISTRIBUTION OF FORMS:

WHITE COPY: Office of Data Management & Records
 CANARY COPY: Department Chairman

PINK COPY: Graduate School
 GOLDENROD COPY: Student