



Graduate Transfer Credit Request (TCR)

Last Name _____ First Name _____

Student ID _____ Cell Phone # _____ Catalog Year _____

Current Degree EdD CAGS MA MAT MBA MEd MS Certificate

Current Major _____ Concentration _____

Before proceeding, read the [transfer policies](#).

Institution	Transfer Course (Title/Course #)	Credits	Grade	Term/Semester & Year	PSU Course Equivalency* or Indicate Elective

**Course description or syllabus may be required to confirm equivalency.*

Additional Information/Rationale:

Student Signature _____ Date _____

Advisor Signature (required) _____ Date _____

Please return this form to the registrar's office in Speare via the methods noted below.

Processed by: _____	Date _____	8/2018
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