TRANSFER OF CREDIT

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

TO BE COMPLETED BY STUDENT

Student Name: _____ _____ _____
LAST FIRST MI

Student ID/SS#: _____ - _____ - _____

Request Transfer for:

Course Number: _____

Course Title: _____

University where class was taken: _____

Their Course Number: _____

Number of credits to be transferred: _____

This request is based on: _____

_____

_____

Supporting documentation required (course syllabus **or** catalog description **and** final official transcript):

_____

_____

_____

TO BE COMPLETED BY FACULTY WITH SIGNATURES OBTAINED/DATED IN EXACT ORDER SHOWN

I have reviewed the supporting documentation. Based on this review, I recommend the course indicated above be transferred. **(Check ✓ if Katrina semester ☐)**

1. Advisor's signature: _____ DATE
2. Course Instructor's signature: _____ DATE
3. Course Chair's signature: _____ DATE
4. Associate Dean's signature: _____ DATE

REVISED 01/2006