TRANSFER COURSE REQUEST FORM

Student: _________________________________________________________________ CWID #:___________________________

Degree Pursued: _____________________________________________________________________________________________

Request to transfer the following course(s) from:

University: __________________________________________________________________________________________________

City    State

<table>
<thead>
<tr>
<th>Transfer Course/s</th>
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<tbody>
<tr>
<td>Name and Number</td>
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<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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An official course description must accompany all transfer requests. It is the responsibility of the student to have an official transcript mailed to the Office of the Registrar, Louisiana Tech University, Ruston, LA 71272, upon completion of the course(s).

I hereby request that the above noted course(s) be transferred to my program Plan of Study. I acknowledge that by accepting this transfer(s) I remain responsible for all culminating program requirements including comprehensive examinations, portfolios, presentations, etc. as may be applicable.

Student’s Signature Date: ______________________

Approved:

Advisor: ______________________ Date: ______________________

Department Head: ______________________ Date: ______________________

Director of Graduate Studies: ______________________ Date: ______________________

Dean’s approval required for programs that lead to education certification:

Dean of College: ______________________ Date: ______________________

Dean of Graduate School: ______________________ Date: ______________________

Note: Up to one-third (1/3) of the hours required for a master’s degree, to a maximum of nine (9) semester hours of graduate credit, may be approved for transfer from a regionally accredited institution of higher education. No grade lower than ‘B’ may be transferred and no methods courses may be transferred to the Master of Arts in Teaching (MAT) program.

Revised 09/2010