

REQUEST TO TRANSFER GRADUATE CREDIT(S)

Instructions: Print or type requested information. *Shaded areas are to be filled in by the department chairperson.* Send completed form, course descriptions and a copy of your transcript(s) to the [respective department chairperson](#). Be sure to request an official transcript for the Graduate Admissions Office, South Academy Street, Mansfield, PA 16933. ***Note: A maximum of six (6) semester may be accepted in transfer.**

Last Name **First Name** **M** **MU Student ID#**

Current Major **Street Address**

City **State** **Zip** **Email Address** **Phone#(s)**

Course Prefix	Course #	Course Title	Cr. Hrs	Grade	Date Completed	Institution	Current MU Equivalent	*Indicate Appropriate Placement of Transfer Course

Dept. Chair: Please indicate the Current MU Equivalent and the Appropriate Placement Area. Send completed form to the Admissions Office, Ground Floor - South Hall, Mansfield, PA 16933. Should you have questions, please contact Enrollment Services at 570-662-4243.

Applicant Signature **Date**

Department Chairperson Signature **Date**

Graduate Transfer Coordinator Signature **Date**

cc: Admissions, Registrar, Department, Student