



TRANSFER OF CREDIT
FOR MASTER'S DEGREE OR CERTIFICATE PROGRAM STUDENTS

Graduate School 309 Hovey Hall Campus Box 4040 Normal, IL 61790-4040 Telephone: (309) 438-2583 Fax: (309) 438-7912 www.grad.illinoisstate.edu

To be used by masters degree or certificate seeking students who desire to use credits earned at another institution toward their masters degree at ISU. Those seeking a doctoral degree do not use this form. Instead submit with your Degree Audit a copy of the transcript/transcripts needed to verify course work contained therein.

Instructions: Complete all fields, secure student and graduate coordinator or dept. chair signatures, and submit the transcript/transcripts needed to verify the work. If work has not yet been taken, submit transcripts as soon as they are available.

- Graduate credit is only accepted from colleges or universities accredited by the appropriate regional accrediting association.
- · Transfer credit must carry a grade of B or higher (NOTE: grades of CR, P, or S are not acceptable.)
- Credits more than six years old at the time of first registration into a degree program are not transferable from other institutions.
- A student who plans to take work elsewhere should obtain prior approval indicating that the course or courses are appropriate to the student's Plan of Study.
- Correspondence courses and Independent Studies are not accepted toward a master's degree or certificate.
- No courses are transferred without this formal request from the student.
- It is the responsibility of the adviser or Graduate Coordinator of the Department/School requesting to transfer a course to verify whether or not the content of that course is suitable as a replacement for the required course in their department or that the course is a good elective to fit into the department's requirements.
- Students hold the final responsibility for knowing and completing all requirements for the degree and
 insuring that their Request to Transfer Credit form is filed with Evaluation Services not earlier than the
 completion of one semester in their degree program and not later than early in the semester of anticipated
 graduation and by a date established by the Graduate School.
- · Student is "degree status" or "certificate" (cannot be Conditional or on probation) to transfer credits.
- · Must have completed at least one graded semester in a degree program.
- · Students at Large and students seeking certification only are not eligible to transfer courses.

Check your request below for either MASTER'S or CERTIFICATE TRANSFER OF CREDIT:

MASTER'S DEGREE TRANSFER OF CREDIT: A student may present a maximum of nine semester hours (MFA =6) of graduate credit for use in meeting the requirements for a master's degree. Transfer credit may not be used in meeting the minimum number of 400-level credit hours required for a master's degree.* The work must not form part of a degree program elsewhere.
CERTIFICATE TRANSFER OF CREDIT: A student may present no more than 40 percent of graduate hours required for use in meeting the requirements for the certificate in transfer credit. Transfer credit used for a certificate program may neither be used for a master's degree program at Illinois State University nor form a part of a degree program or certificate elsewhere.

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REQUEST FOR TRANSFER OF CREDIT FOR STUDENTS IN MASTER'S DEGREE & CERTIFICATE PROGRAMS

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Submit with this form a copy of the transcript/transcripts needed to verify the work. If work has not yet been taken, submit transcripts to Evaluation Services, campus box 4202, as soon as they are available. For transfer courses taken in the same semester of the student's anticipated graduation, the Graduate School deadline for receiving the transcript for verification is two weeks after Illinois State University's graduation date.

College or university	y where credit was earr	ned			
To substitute for course # or elective	Course nu	ımber & title	Credit**	Grade	Date taken
**Indicate whether u	ınits, quarter or semest	er hours			
Equivalency Chart		2 qtr = 1-1. 3 qtr = 2 so 4 qtr = 2-2. 5 qtr = 3-1. 6 qtr = 4 so	/3 sem hrs em hrs	r)	
	pplied toward meeting i	with grades of B o			and request that credit for ne responsibility for having
Date Signature o		f Student	Ad	dress	
JID#	Email address	Phone	City/State		Zip
Sem, Hrs. Approved	I				
ignature Departmen	nt/School Coordinator/C	hair Date	Graduate Scho	ool Official	Date