REQUEST FOR TRANSFER CREDIT

Center making request___________________________________ Keller Course________________________

Staff member making request_________________________ Student Name_________________________

Student SNN or ID# _____________________ College/University _______________________________ Graduate School________________________

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Number</th>
<th>Credit Hours</th>
<th>Semester/Quarter</th>
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From____________________ To____________________

Month/Year       Month/Year       Grade

Text__________________________________________________________

Author_____________________________________________________________________________

Briefly describe course (content, exam structure, class format)

I understand that:

1) This course must have been completed within the 5 years preceding initial enrollment at Keller Graduate School. (does not apply to students holding advanced degrees)

2) A grade of "B" or better must have been received.

3) This course must have been completed for graduate credit while enrolled as a graduate student.

4) I must submit a copy of the table of contents from the text used, if possible.

5) I must submit a copy of the course description from the appropriate college catalog.

6) I must submit a copy of the course syllabus from written within 5 years of when the course was taken.

7) I must attach a copy of my transcript with this request.

8) Once a transfer credit is approved, it becomes a permanent component of the student’s academic record, effective upon admission.

9) A combination of transfer credits, course waivers and course exemptions may satisfy requirements for a maximum of six courses.

10) Even though an approved transfer credit becomes a permanent component of my academic record, it may not satisfy particular degree requirements.

11) A maximum of one 3 semester credit hour course may be used to satisfy certificate and/or concentration requirements.

STUDENT SIGNATURE___________________________________________ DATE___________________________________________

CENTER DIRECTOR SIGNATURE____________________________________ DATE___________________________________________

(Do not write below this line)

_______ APPROVED KELLER COURSE ___________

_______ DENIED ASSESSMENT CENTER MANAGER SIGNATURE ______________________________

DATE _______________