

GRADUATE SCHOOL

RECOMMENDATION FOR ADVANCED STANDING

From: _____

_____ College

_____ Department

Faculty Advisor Making Recommendation: _____

Graduate Program Director Approval: _____
Signature Date

After review of the official transcripts of his/her academic record, this department recommends the following student:

STUDENT'S FULL NAME: _____

ID NUMBER: _____
_____ **Program Admit Date**

Be granted _____ graduate semester credit hours of transfer graduate credit from:

UNIVERSITY ATTENDED: _____

DATES OF ATTENDANCE: _____

Please attach a copy of transcript(s) and list below the course number, title, and credit hours for each course to be transferred and for each course being credited.

Transfer Course #	Transfer Course Title	Sem/Qtr	UC Course #	UC Course Title	Ugo gugt Credits	Semester Hours Credited

Total Graduate Semester Hours: _____

Send to the Graduate School for approval M.L. 0627

Note: Twelve (12) graduate semester hours are the maximum number of credits that may be transferred from another institution.

Graduate School Approval