

GRADUATE REQUEST FOR TRANSFER CREDIT

FORM D

Name:	Perm #
Phone:	e-mail:

Status:

<input type="radio"/> MA/PhD enrolled	<input type="radio"/> MA completed	<input type="radio"/> Advanced to Candidacy	<input type="radio"/> ABD
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UCSB course or subfield for which the transfer course will be substituted (number and title)

* Please attach syllabus.

Transfer Course to be considered:

Institution _____

Department _____

Course name and number _____

Year taken _____

Grade _____

Syllabus (please attach) _____

Did this course count toward a previously completed degree? Yes ___ No ___

Have you had previous 'Transfer Courses' accepted? If so, how many? _____

Justification: _____

Student Faculty advisor's signature:¹ _____

Note to Student. Please attach two syllabi: one for the course taken; the other for the UCSB course that it is to count for.



Faculty Graduate Committee: _____ Approved _____ Approved with Conditions _____ Denied

Comments from the Committee:

Faculty Graduate Advisor

Date

Final Action by Department Chair: _____ Approved _____ Approved with Conditions _____ Denied

Comments from Department Chair:

Department Chair

Date

¹ Faculty signature does not endorse the request; it only attests to consultation with the petitioning student.

Please return to the Graduate Affairs Office in South Hall 1722.