

*School of Information Studies*  
**PETITION TO TRANSFER CREDIT**  
**MASTERS PROGRAMS ONLY**

(See your *Program Handbook* for policies that apply to transfer credit)

**Directions:** Please complete and sign this petition and turn it in to the Graduate Counselor, 4-206C Center for Science and Technology for the Student Services Director's signature. Submit a separate petition for each course to be transferred. Please fill out in duplicate, a copy of the approved/denied petition will be mailed to your home address within 10 days.

NAME: \_\_\_\_\_ SU ID # \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DEGREE PROGRAM: \_\_\_\_\_

<p>I petition to transfer _____ (#) credits from _____ for (Graduate Course/Number/Title) _____ (Institution)</p> <p>completed on _____ (date)</p> <p>I enclose a catalog description of the course being transferred.</p> <p>An official transcript showing the course and grade has been sent/will be sent by _____ To the School of Information Studies.</p> <p>I understand and confirm that this course did not count toward my undergraduate degree.</p>
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The paragraph below explains how the transfer of this course assists me in accomplishing my program goals:

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**Required Signatures**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

This petition to transfer credit hours is APPROVED / DENIED

\_\_\_\_\_  
Director of Student Services

\_\_\_\_\_  
Date