



Transfer Credit Request

COLLEGE OF EDUCATION

Name _____ ID# _____

Address _____
Street City State Zip Code

Program: Master Degree / Doctoral Degree Major: _____

Institution(s) where course credit was earned _____

Please consider the following course(s) be transferred to my degree program.

COURSE(S) TO BE TRANSFERRED:

Course Number & Title Credit Hrs. Grade Year/Term

SUBSTITUTE TRANSFER COURSE(S) FOR THE FOLLOWING COURSE(S):

Course Number & Title Credit Hrs. Grade Year/Term

Student's Signature

Date

Advisor's Signature

Date

Please return the completed form to the College of Education Graduate Studies office. Two official copies of your transcript must be on file in the College of Education. Course descriptions of the classes you wish to transfer must also be included with this form before your request can be reviewed. Links to masters and doctoral transfer credit policies are available at <https://coe.tcu.edu/graduate-admissions/transfer-of-credit/>.

Request Accepted _____

Request Denied _____

Department Chair

Date