

College of Education
Graduate Studies & Research

TRANSFER COURSE REQUEST FORM

Student: _____ CWID #: _____

Degree Pursued: _____

Request to transfer the following course(s) from:

University: _____
City State

Transfer Course/s

Name and Number	Title	To be substituted for Tech Course/s
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1. _____
2. _____
3. _____

An official course description must accompany all transfer requests. It is the responsibility of the student to have an official transcript mailed to the Office of the Registrar, Louisiana Tech University, Ruston, LA 71272, upon completion of the course(s).

I hereby request that the above noted course(s) be transferred to my program Plan of Study. I acknowledge that by accepting this transfer(s) I remain responsible for all culminating program requirements including comprehensive examinations, portfolios, presentations, etc. as may be applicable.

Student's Signature _____ Date: _____

Approved:

Advisor: _____ Date: _____

Department Head: _____ Date: _____

Director of Graduate Studies: _____ Date: _____

Dean's approval required for programs that lead to education certification:

Dean of College: _____ Date: _____

Dean of Graduate School: _____ Date: _____

Note: Up to one-third (1/3) of the hours required for a master's degree, to a maximum of nine (9) semester hours of graduate credit, may be approved for transfer from a regionally accredited institution of higher education. No grade lower than 'B' may be transferred and no methods courses may be transferred to the Master of Arts in Teaching (MAT) program.