Petition to Transfer Graduate Credit
for MAT, MED, MLM, MS, EDS students

Name ___________________________ Panther # _______________________

Address ___________________________ Telephone ____________________

City, State, ZIP _____________________ Email Address __________________

Degree Program and Major _____________________ Catalog Edition _____________

TRANSFER CREDIT GUIDELINES

• Credit must be from a regionally accredited institution
• Grades below B are not acceptable
• Credit must be no older than six years at the time of graduation
• Credits to be transferred cannot be taken the term of graduation
• Students must complete a minimum of 27 semester hours of graduate credit in residence

TRANSFER CREDIT PROCEDURES

• A separate petition is required for each course prefix for which the student is requesting transfer credit (i.e., student is requesting to transfer courses in CPS, EPRS, and EPY—3 forms are required—one for the CPS course[s], one for the EPRS course[s], and one for the EPY course[s])
• Attach copy of course description and/or syllabus for each course
• Attach copy of transcript (available from advisor if submitted with graduate application; if not, an official copy must be attached in a sealed envelope
• Obtain advisor’s approval and signature; obtain department chair’s approval and signature.
• Submit to the department of GSU Equivalent Course for approval (see back of this form). (NOTE: If the GSU course equivalent is outside the College of Education, the outside department’s approval is not required).
• Completed form and attachments should be submitted to the Office of Academic Assistance & Graduate Admissions, Room 300 College of Education Building
• Petition to Transfer Graduate Credit must be approved by department, outside department, and Academic Assistance before credits will be applied to the student’s record

<table>
<thead>
<tr>
<th>COURSE TO BE TRANSFERRED</th>
<th>INSTITUTION WHERE COURSE(S) TAKEN</th>
<th>GSU EQUIVALENT COURSE</th>
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Advisor’s Signature

APPROVAL__________________________ Date__________

Chair’s Signature

APPROVAL__________________________ Date__________

Department in COE where equivalent course is taught

APPROVAL__________________________ Date__________

(If disapproved, attach reason before submitting to OAA)

AFTER all signatures are obtained, submit packet to the Office of Academic Assistance, Room 300, College of Education