

B. PROPOSED COURSES TO COMPLETE DEGREE REQUIREMENTS *(continued):*

<i>Course No.</i>	<i>Title</i>	<i>Term/Year</i>	<i>Credits</i>

TRANSFER CREDIT REQUEST: *(have official transcript and a course description sent to the program department, separate form to be submitted)*

<i>Course No.</i>	<i>Title</i>	<i>Term/Year</i>	<i>Credits</i>
<i>total credits to date + proposed + transferred:</i>			

FOR OFFICE USE ONLY

Advisor's recommendation _____

Signature

Date

Departmental action _____

by *(members present)* _____

Chairperson's Signature

Date

Received by Registrar _____

Signature

Date