

Doctoral Degree  
**PROPOSED TRANSFER CREDIT**

**This form is required whenever Transfer credit is requested.** Approval of the GO-21D *early in the student's program* is recommended, so the student will have sufficient time to complete any additional course work which may be necessary for her/his program. An official transcript in a sealed (closed) envelope from the originating institution must be attached if it is not already on file in the Office of Graduate Admissions.

Name \_\_\_\_\_ ID# \_\_\_\_\_ Term of Admission \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail (PRINT CLEARLY) \_\_\_\_\_ Day phone (\_\_\_\_) \_\_\_\_\_ Other phone (\_\_\_\_) \_\_\_\_\_  
 Degree \_\_\_\_\_ Major \_\_\_\_\_ Department, \_\_\_\_\_  
 if different from Major \_\_\_\_\_ Adviser \_\_\_\_\_

Transfer credits are defined as credits taken at any institution other than PSU at any time (i.e., pre- or post-admission to a graduate program at PSU). All doctoral Transfer credits must be graduate level courses from a regionally-accredited institution, and must be applicable to a graduate degree at originating institution without qualification. Refer to the PSU Bulletin for information on transfer credits from foreign institutions as these require additional documentation.

**Transfer Credits**

Transfer credits from other institutions are not computed in the PSU graduate GPA and are not entered on PSU's transcript, but they are entered into DARS and are computed in the degree program GPA on the DARS audit.

DEPT.	NO.	TITLE	TERM/YEAR/ INSTITUTION	GRADE	CREDITS	COUNTING FOR ON DARS AUDIT (LIST SPECIFIC COURSE REQUIREMENT THIS COURSE WILL COUNT FOR, OR, IF AN ELECTIVE, WRITE 'ELECTIVE')

IF CREDITS AT ORIGINATING INSTITUTION ARE SEMESTER CREDITS, CLEARLY INDICATE WHETHER THEY SHOULD BE CONVERTED TO QUARTER CREDITS (MAXIMUM CONVERSION: 1 SEMESTER CREDIT = 1.5 QUARTER CREDITS; PARTIAL CREDITS CANNOT BE ROUNDED UP)

**TOTAL TRANSFER CREDITS REQUESTED** \_\_\_\_\_

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_

**Required Signatures**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Adviser \_\_\_\_\_ Date \_\_\_\_\_

Doctoral Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Dean of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_