Transfer of Course Credit

Student Name: ______________________________  Date: ____________

Student CWID#: ________________  Degree Sought: ________________

Credits to be transferred:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Equivalent Credits (Semester)</th>
<th>Grade</th>
<th>Date</th>
<th>CSM Course Name/Number to be replaced</th>
<th>CSM Course Instructor Approval</th>
</tr>
</thead>
</table>

Advisor Name: ______________________________

Advisor Approval: ___________________________  Date: ____________  ____________

Departmental Graduate Student Advising Committee Chair Approval:

________________________________  Date: ____________

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