

The University of Akron  
Graduate School

REQUEST FOR TRANSFER OF CREDIT

TO BE COMPLETED BY GRADUATE ADVISOR:

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Full Name (Last, First, Middle)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Graduate Program

\_\_\_\_\_  
Student's Email Address

\_\_\_\_\_  
Expected Graduation Term

Term/ Year	Course Number	Semester Hours	Quarter Hours	Grade	Course Title	Name of Institution Where Classes Were Taken

Official Transcripts are in NOLIJ

Official Transcripts are attached

-JT6 s

## CRITERIA FOR ACCEPTABLE TRANSFER CREDIT

### MASTER'S DEGREE

1. Up to one-third of the total credits required for a master's degree may be transferred from an accredited college or university. Departments and colleges may set more restrictive limits. All transfer credit must be at the "A" or "B" level (4.0 to 3.0) in graduate courses. The credits must be relevant to the student's program as determined by the student's academic department, and must fall within the six-year time limit to complete degree requirements.
2. Credits transferred may come from a prior degree. Up to one-third of the total credits required for a master's degree may come from a prior or concurrent degree at The University of Akron. A