

Request for Acceptance of Transfer Credits

Student Name:	
ID Number:	

Course #1

Institution:					
Course Title:					
Course Code:		Credits:		Term/Year Taken:	

Course #2

Institution:					
Course Title:					
Course Code:		Credits:		Term/Year Taken:	

Course #3

Institution:					
Course Title:					
Course Code:		Credits:		Term/Year Taken:	

It is my understanding that these course(s) must meet the University of Wisconsin- La Crosse graduate level credit policy (per graduate catalog) and that it is my responsibility to supply a course syllabus, catalog description, or content narrative describing the purpose, objectives, and criteria of the course(s) and to request that an official transcript by mailed directly to the ME-PD office.

In addition, I understand that:

- 1) Prior to acceptance of any transfer credit(s), the Board of Review document(s) must be approved;
- 2) The transfer credits must fit within the scope of my degree program, including degree rationale, program objectives, and categories of emphasis;
- 3) No pass/fail grades or grades lower than a “B” are eligible for transfer into my program, and this grade will not be calculated into my UW-L grade point average (GPA);
- 4) No more than nine (9) semester credits can be transferred into my program; and
- 5) I must have earned all credits within the seven-year period prior to the proposed date of completion for all graduate work.

Student Signature

Date

Advisor Signature

Date

ME-PD Director Approval

Date