

## **SAA TRANSFER CREDITS REQUEST FORM**

Please complete this form and return it to the SAA Program Director.  
Note: All courses must have been completed within seven years to be considered for transfer credits. Continuing Ed. Credits will not transfer.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

### **Institution**

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(Name of institution)                      (Dates of attendance)

I request a transfer of the following master's level courses for credit to the SAA program (maximum of 3 courses at 3 credits each for a total of 9 credits):

### **Courses:**

1. Course (ex:SAA701): \_\_\_\_\_ Date (sem/yr): \_\_\_\_\_

Name: \_\_\_\_\_

2. Course: \_\_\_\_\_ Date (sem/yr): \_\_\_\_\_

Name: \_\_\_\_\_

3. Course: \_\_\_\_\_ Date (sem/yr): \_\_\_\_\_

Name: \_\_\_\_\_

### **Course Description**

**Please attach a copy of the course description (from either your course syllabus or graduate catalog) and a course syllabus.**