



Request for Transfer of Graduate Credit

Name _____

Last First Middle

X Number _____

Address _____ City _____ State _____ Zip _____

Degree Sought _____ Major _____ Date of Matriculation _____

Courses **COMPLETED** at St. John's University

Course #	Title	Credits	Grade

Application may be made for the transfer of Graduate credits provided:

- (a) *The student has completed at least 12 hours of their approved graduate program at St. John's University.*
- (b) *The credits offered for transfer have not already been offered in fulfillment of another degree and a grade of "B" or better has been earned in these courses.*
- (c) *All credits applied towards a degree at St. John's University must be earned within the period of time established for completion of all degree requirements: Master's degree five years, Professional degree six years, Doctoral degree seven years.*

STJ Equivalent _____

Bulletin Year _____

DO NOT WRITE IN SHADED AREA

Previous Institution	Year	Course # and Title	Cr.	Gr.	Course #	Title	Cr.

Department Chair Signature _____ Date: _____

Dean Signature _____ Date: _____

The approved courses have been transferred to the student's record.

Registrar: Noted by _____ Date: _____