# Request for Transfer of Graduate Credit

**Name**

---

**Last**

---

**First**

---

**Middle**

---

**X Number**

---

**Address**

---

**City**

---

**State**

---

**Zip**

---

**Degree Sought**

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**Major**

---

**Date of Matriculation**

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

<table>
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<tr>
<th>Course #</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
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 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.**

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**STJ Equivalent**

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**Bulletin Year**

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*DO NOT WRITE IN SHADeD AREA*

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<th>Year</th>
<th>Course # and Title</th>
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<th>Gr.</th>
<th>Course #</th>
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**Department Chair Signature**

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**Date:**

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**Dean Signature**

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**Date:**

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

**Registrar: Noted by**

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**Date:**

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