



THE GRADUATE SCHOOL

www.salemstate.edu/graduate

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978.542.6323

email: graduate@salemstate.edu

Transfer of Credit

Please complete a *Transfer of Credit* form for EACH graduate course you are submitting for consideration.

Full Name: _____
Last Name First Name Middle Initial ID Number

Address: _____
No./Street City/Town State/Province Postal Code

Telephone: _____ **Email:** _____

Graduate Program: _____ **Coordinator:** _____

Name of College/University where course was taken: _____

Request to consider the following course: _____

Course No.: _____ **Graduate Credits:** _____ **Grade:** _____ **Date Taken:** _____

- Official transcript attached
- Description of course in college catalog/bulletin attached
- Copy of course transcript attached
- Official transcript has been requested

-
- Course Accepted Course Rejected

Course to be waived (if any): _____

Course for which this course is to be substituted (if any): _____

Advisor Notes:

Student Signature: _____ **Date:** _____

Approved by Program Coordinator: _____ **Date:** _____

Approved by Graduate Dean: _____ **Date:** _____

Approved by Registrar: _____ **Date:** _____

Suggested Distribution: Originals to Registrar's Office; Copies to Student, Program Coordinator, Student File