

Master's Degree
PROGRAM OF STUDY

PROPOSED TRANSFER CREDIT

If a student has transfer credit only from Portland State, use of this form is optional. **This form is required whenever transfer credit from another institution is requested; in that case, all transfer credits, from all sources, must be listed on this form.** The GO-11 must be submitted and approved before the GO-12 can be approved. Approval of the GO-11 early in the student's program is recommended, so the student will have sufficient time to complete any additional coursework which may be necessary to her/his program. An official sealed transcript from the originating institution must be attached if it is not already on file in the University Registrar's Office.

Name _____ SSN _____ Phone: day _____ other _____

Address _____ City _____ State _____ Zip _____

Degree (MA/MS/MAT/MST/MBA/MT/MPA/MUS/MURP/MSW/MFA/MPH/MEd/ME) _____ Program _____

Adviser _____ Term of Admission to Graduate Studies at PSU _____

Transfer Credits A maximum of one-third of the number of quarter hours required for the specific Master's Degree may be used as transfer credit from all sources. Transferable credits must be graduate credits graded A or B received from: (1) PSU prior to admission to the graduate program; (2) other accredited institutions. Credit from foreign institutions is generally not transferable into a graduate program at PSU.

Credit cannot be transferred for the following: (1) courses for which a grade lower than B- was received; (2) courses graded Pass; (3) correspondence courses, television courses, and some short-term courses; (4) courses which will be more than seven years old at the time of the student's graduation; (5) undergraduate courses; (6) courses not acceptable into graduate academic degrees without qualification at the originating institution; (7) courses used in any other degree. Departments may have additional restrictions.

Transfer credits from other institutions are not computed in the PSU graduate GPA and are not entered on PSU's transcript.

DEPT.	NO.	TITLE	INSTITUTION	GRADE	TERM/YEAR	HOURS

TOTAL TRANSFER QUARTER HOURS REQUESTED _____

Comments: _____

Required Signatures:

Student Signature: _____ Date _____

Adviser: _____ Date _____

Department Chair/Graduate Committee Chair: _____ Date _____

Dean of Graduate Studies: _____ Date _____