

KENT STATE UNIVERSITY REQUEST FOR TRANSFER OF GRADUATE CREDIT*

This is to request a transfer of credit for _____

(Student's Name)

(Student Number)

I have examined the student's record and certify that the courses requested for transfer meet the following regulations as specified by Kent State University.

1. A maximum of twelve semester-hours of credit may be accepted by transfer toward a master's degree from accredited institutions offering the master's degree. An "accredited" institution is one that is approved or accredited by the appropriate regional accrediting agency (e.g., North Central Association for graduate-level work);
2. A master's degree and eleven semester-hours or a maximum of forty-three semester-hours may be accepted by transfer toward the doctorate from accredited institutions;
3. Graduate credit was received from the institution where the work to be transferred was taken;
4. The work was of "A" or "B" quality;
5. The credit is less than six (nine) years old at the time of the master's (doctoral) degree is conferred at Kent State University;
6. The work fits into the program;
7. The student's adviser, department graduate committee and college or independent school approves.

An official transcript showing the courses requested for transfer from _____

Is attached, and these courses are also listed below:

(Name of Institution)

Course Number	Title	Semester Hours	When Taken	Grade

Signature, Coordinator of Graduate Studies,
Chair or Director

Date

Signature of Dean of College or
Independent School

Date

*Only for Students Actively Pursuing a Graduate Degree at Kent State University

cc: Registrar
Dean
Dept/School
Student