



Request for Transfer Credit
(one course transfer credit request per form)

Student Name _____ **Student ID #** _____

This form is only intended to be used in the event that your request lies outside of the parameters established by the Department of Teacher Education Curriculum Committee. To familiarize yourself with these parameters, please carefully review the *Faculty Guidelines for Evaluating Transfer Credit* section of the <http://TeacherEd.astate.edu> webpage. If you have questions about the established parameters, please talk with your advisor.

I am requesting that credit be granted for _____,
course name and number

which I completed at _____
name of college/university where course was completed

in the _____ **in place of** _____.
semester / year ASU course name and number

Please attach a copy of the course description from the catalog for which transfer credit is requested to this form. If a catalog is not available, please attach a course syllabus. A copy of your transcript, documenting course credit, must also be attached.

advisor's signature date

Advisor, please deliver this completed form to the chair of the
Department of Education Curriculum Committee.

ASU Department of Teacher Education Curriculum Committee Decision:

___ approved ___ denied ___ returned to advisor for decision

Curriculum Committee Chair signature / date

Assistant Chair signature / date