

TRANSFER CREDIT APPLICATION

Date: _____
Name: _____
Student Number: _____
Phone Number: _____
E-mail address: _____
Major: _____
Class level: _____

COURSE INFORMATION

Transferring University: _____
Location: _____
Course Number: _____
Course Title: _____
How Many Credits: _____
Semester or Quarter: _____
Have you taken this course already, if so when? _____
What course do you need credit in or will general credit satisfy _____

Please return this form along with a) catalog course description of the course you wish to transfer and b) catalog course description of the prerequisite for the course you wish to transfer.

Before submitting this application please check the MSU Transfer Credit website, <http://transfer.msu.edu/>, to verify that the course has not already been evaluated.

If you have any questions please call 355-9589.