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.