

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.