## REQUEST FOR TRANSFER OF GRADUATE COURSES

Name:						Degree:			
Panthe	er #:					_	Major:		
					I	nstruc	tions		
docume	ntation of	the cou	rse con	tent from the	ne institution where t	the cour	ow. If a course syllabus is una se was taken. A complete offi y the Dean of the College of T	cial transcript must be or	
Office of	of Academ	ic Assis	tance f	or review.		ppropri	e department for initial evalua ate area Associate Dean's sign		
hours n		ccompar					may be applied to your degree uate Bulletin Regulations, w		
Doctora	ıl candidat	es: A m	aximun	n of 30 sen	nester hours of transf	er credi	ts may be applied to your degr	ree program.	
ten-year	time limi	t on req	uireme	nts for the	doctorate. Please con STATEMEN	tact the T OF S	even-year time limit on require Office of Academic Assistand FUDENT program at Georgia State Univ	ce for further information	
Institu	tion:						(please	indicate in full)	
Term	Year	Hrs credit		Grade	Course Prefix &	Cou	rse Title	School Dir. Grad	luate
		Sem	Qtr		Number			Studies: Please in equivalent course & number.	
	Total								
							G. 1.		D (
Seven-Year limit (Masters):							Student		Date
Ten-Year limit (PHD):							School Graduate Director		Date
iewed:			_				Associate Dean, College of the Ar	rts	Date
ered:								REV	10/17