Name ____________________________ SIS ID Number ____________________
Email ____________________________ Phone ____________________________

I hereby recommend that the student above be allowed to transfer units from
________________________________________________________________________ (Institution)

as indicated below toward the Master’s Degree (circle one): MA MS ME MEM MFA MPH MSA
________________________________________________________________________ (Department/Program)

Doctoral students should contact SGS to inquire about transfer credit.

In order to transfer credit, the indicated course:
1. Must be graduate level.
2. Must have a grade of ‘B’ or higher.
3. Must be in excess of requirements for prior degree awarded.
4. Must have been completed no more than five years prior to matriculation at CWRU.

In addition:
1. An official transcript must accompany the request for transfer of credit.
2. No more than six hours of transfer credit are permitted.

Please Note: Transfer credit does not count toward the required amount of graded coursework for graduation purposes.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Units</th>
<th>Course Code</th>
<th>Case Equiv. Code</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXMP 555</td>
<td>Example Title of Transferred Course</td>
<td>3</td>
<td>EECS 452</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

One quarter hour of credit is equivalent to two thirds of a semester unit of credit.

Signatures

Student ____________________________ Date ________________
Faculty Advisor ______________________ Date ________________
Department Chair _____________________ Date ________________
School of Graduate Studies ____________ Date ________________

revised 05/06/15