

## GRADUATE TRANSFER CREDIT EVALUATION REQUEST

**Request to be completed by the student:**

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Student Name \_\_\_\_\_ UI ID # \_\_\_\_\_ Host School Student ID# \_\_\_\_\_

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Major Department \_\_\_\_\_ Email \_\_\_\_\_

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Residing Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Institution	Dept #/ Course #	Course Title	Term/Year	Credit Hours

### **Certification**

I understand that I must be registered as a graduate student in courses that carry graduate credit. My signature verifies that I will register as a graduate student in such courses at the institution listed above.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Approval to be completed by the offices listed below:**

#### **Office of Enrollment Management**

This is to certify that if the requestor registers as a graduate student for the course(s) listed above, the Office of Enrollment Management will award graduate credit, once an official transcript is received.

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Admissions Officer \_\_\_\_\_ Date \_\_\_\_\_

#### **Academic Department (specify):**

This is to certify that if the requestor earns graduate credit in the course(s) listed above, it will be applied to their graduate degree program at The University of Iowa.

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Graduate Advisor/DEO \_\_\_\_\_ Date \_\_\_\_\_

#### **Graduate College**

This is to certify that course(s) listed above are approved to be used toward the student's graduate degree program at The University of Iowa.

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Graduate Examiner \_\_\_\_\_ Date \_\_\_\_\_