

GRADUATE TRANSFER CREDIT EVALUATION REQUEST

Request to be completed by the student:

Student Name _____ UI ID # _____ Host School Student ID# _____

Major Department _____ Email _____

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.

Student Signature _____ Date _____

Approval to be completed by the offices listed below:

Office of Admissions

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

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.

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.

Graduate Examiner _____ Date _____