APPLICATION FOR USE OF TRANSFER GRADUATE CREDITS

 Date

Institution where credit was earned

Have you requested that a transcript be sent to the UL Lafayette Graduate School?

If not, please do so in order that your application can be processed.

Please list information requested below:

Course #	Title	Credit Hours	Grade	Semester /Year	Equivalent UL Lafayette Course **See Below

Source of prior approval for use of credits earned:

Name	Position	Date Approval was Granted	Evidence of Prior Approval

If prior approval was not obtained for the use of such course(s), indicate the grounds upon which you are basing your petition:

Degree Sought:	Major:	Minor:
Manner in which	above course(s) would fit into UL Lafayette cu	rriculum:

To the best of my knowledge, transfer of these credits will be in accord with regulations of the Graduate School of the University of Louisiana at Lafayette.

CLID	Signature		
****	*******		
THE FOLLOWING IS TO BE COMPLETED BY THE GRADU	ATE COORDINATOR OR DEPARTMENT HEAD:		
1. Is the institution accredited?			
2. Does the institution regularly grant graduate degrees?	**		
3. Was work clearly listed as being for graduate credit?	TO: Graduate Coordinator/Department Head		
4. Was grade earned in each course B or better?	Please verify equivalent UL Lafayette course. Your		
5. Do course(s) fit curriculum being followed here?	initials will indicate your approval. If equivalent course is not offered, indicate such.		
APPROVED DENIED			
Department Head/Graduate Coordinator	Dean, Graduate School		
NOTE: Unless clearly stated on transcript that the course(s) is/are fo Dean of Graduate School of said University or a catalog description th course(s).			

Distribution: Department, Student

Date:

UL Lafayette Graduate School * P.O. Box 44610 * Lafayette, LA 70504-4610