

Name: \_\_\_\_\_  
Last First

ID: \_\_\_\_\_

# Andrews University

## TRANSFER CREDIT REQUEST Master's Program

OHJH \_\_\_\_\_

Department: \_\_\_\_\_

Degree: \_\_\_\_\_

Emphasis: \_\_\_\_\_

Anticipated Grad. Date: \_\_\_\_\_

Bulletin: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby request the following graduate courses taken at another institution be accepted and applied to my graduate degree requirements. I understand the following restrictions:

1. Maximum of 20% total required credits may be transferred;  
Each course must have a grade of B (3.00) or higher;0.92D6ctie619.ad107829