

## **Petition for Transfer Credits**

Student's Name	I.D.#		
(Please	print or type)		
	efer credits, to be applied towards the recegree, for the following course(s) taken at	quisite 67 (BS)	W) or 64 (MSW)
	dur	during the	
(Institution)		Semester/Year	
1		_,	,
Course Title and Number (please print or type)		Grade earned	Credits earned
2		_,	,
Course Title and Number ( <i>please print or type</i> )		Grade earned	Credits earned
	<b>Action Taken</b>		
Recommendation of Advisor:	Advisor's name (Please Print or type)		
Circle: Approved	Advisor's name (Please Print or type)		
Disapproved	Signature of Advisor		Date
Decision of Associate Dean:			
Circle: Approved			
Disapproved	Signature of Associate Dean		Date
Number of credits to be transfer	red		
Semester/Year taken			
School	should be offeeled		
*Advisor's comments, if any	, snouid be attached.		

Revised-05/13