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| **KENT STATE UNIVERSITY****REQUEST FOR TRANSFER OF GRADUATE CREDIT** |
| **This form is only to be used for students actively pursuing a graduate degree at Kent State University.** |
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| **Student Name:** |  |  | Student ID Number: |
| Click here to enter text. |  |  | Click here to enter text. |
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| I have examined the student’s record and certify that the courses requested for transfer meet the following regulations as specified by Kent State University.1. A maximum of 12 credit hours may be transferred into the master’s degree, the Educational Specialist degree or the doctoral degree.
2. Credits should be transferred at the time the student is admitted to the program, but no later than the end of the second semester of enrollment in that program.
3. The credit was earned at an accredited university (or international equivalent).
4. The credit was not used for a previously awarded degree.
5. The student earned, at minimum, a grade of B or satisfactory (S) in each course for which credit is to be transferred.
6. The work fits into the student’s program of study.
7. The credit is less than six years old for a master’s degree and less than nine years old for a doctoral degree at the time the degree is conferred.
8. The student’s petition for transfer credit is filed with the program and college. If the credit was earned at another university, an official transcript is filed with the petition for transfer credit.
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| An official transcript showing the courses requested for transfer from | Click here to enter name of institution. | is  |
| attached, and these courses are also listed below: |  |  |  |
|  |  |  |  |  |  |
| **Course Number** |  | **Title** |  | **Semester Hours** |  | When Taken |  | **Grade** |
| *Enter text here.* |  |  *Enter text here.*  |  |  *Enter text here.*  |  |  *Enter text here.*  |  |  *Enter text here.*  |
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| APPROVALS |
|  |  |  |
| *(Coordinator, Chair or Director)* |  | *(Date)* |
|  |  |  |
| *(College Dean)* |  | *(Date)* |