

# KENT STATE UNIVERSITY REQUEST FOR TRANSFER OF GRADUATE CREDIT\*

This is to request a transfer of credit for \_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Student Number)

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 eleven semester-hours of credit may be accepted by transfer toward a master's degree from accredited institutions offering the master's degree. An "accredited" institution is one that is approved or accredited by the appropriate regional accrediting agency (e.g., North Central Association for graduate-level work);
2. A master's degree and eleven semester-hours or a maximum of forty-three semester-hours may be accepted by transfer toward the doctorate from accredited institutions;
3. Graduate credit was received from the institution where the work to be transferred was taken;
4. The work was of "A" or "B" quality;
5. The credit is less than six (nine) years old at the time of the master's (doctoral) degree is conferred at Kent State University;
6. The work fits into the program;
7. The student's adviser, department graduate committee and college or independent school approves.

An official transcript showing the courses requested for transfer from \_\_\_\_\_  
Is attached, and these courses are also listed below:

Course Number	Title	Semester Hours	When Taken	Grade

\_\_\_\_\_  
Signature, Coordinator of Graduate Studies,  
Chair or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean of College or  
Independent School

\_\_\_\_\_  
Date

\*Only for Students Actively Pursuing a Graduate Degree at Kent State University

cc: Registrar  
Dean  
Dept/School  
Student