Indiana University Computer Science School of Informatics, Computing, and Engineering

Transfer of Graduate Credit Request Form

Student Name: Hours Apply To M.S. degree or Ph.D. Degree?		10-Digit University ID: Admit Term:	
Institution:			
Total Hours of Transfer of Cred	it Requesting:		
Courses to be transferred Course Number:	Course Title:		Credits:
Semester: Year: _	Unit Credit:	Grade:	
IU Computer Science Course Eq	uivalent?		
Course Number:	Course Title:		
Faculty:			
Faculty Signature:		Date:	
Course Number:	Course Title:		Credits:
Semester: Year: _	Unit Credit:	Grade:	
IU Computer Science Course Eq	uivalent?		
Course Number:	Course Title:		
Faculty:			
Faculty Signature:		Date:	

Submit completed and signed request to Luddy Hall, Room 1113 | Email to: sicecsiu@indiana.edu