

EMERSON
COLLEGE
Graduate Studies

COURSE CREDIT CONSOLIDATION FORM

For use with credits taken through Emerson's Continuing Education before matriculation as a graduate student.

Name _____ Date _____

Social Security # _____ Degree Program _____

Local Address _____ Phone # (____) _____

Courses taken through Emerson Continuing Education

| Date | Course Title | Grade | Credit |
|------|--------------|-------|--------|
| | | | |
| | | | |
| | | | |

Student Signature _____ Date _____

◆ *These courses should be included in the student's academic degree program.*

Comments _____

Graduate Program Director

Date

Comments _____

Director of Graduate Studies

Date

White – Registrar

Yellow – Graduate Studies

Blue - Information Technology

Pink - Graduate Program Director

Gold - Student