EMERSON
COLLEGE
Graduate Studies

PETITION TO TRANSFER CREDIT

Name _____ _____ Date _____
(Last) (First) (M.I.)

Emerson ID# _____ Social Security # _____

Current Address _____ Program/Department _____

_____ Phone #

_____ Home ( ) _____

_____ Work ( ) _____

COURES TAKEN:

Date	Institution/Department	Courses/Title	Grade/Credit

- An official copy of your transcript must be sent from the institution to the Registrar's Office at Emerson College.
- Quarter hours will be reduced by 1/3 to convert them to semester hours.

I certify that none of the above courses have been counted toward any degree.

_____ _____
Student's Signature **Date**

DEPARTMENT _____ ***Approved*** _____ ***Denied***

Comments _____

_____

_____ _____
Graduate Program Director **Date**

GRADUATE STUDIES _____ ***Approved*** _____ ***Denied***

Comments _____

_____ _____
Director of Graduate Studies **Date**

Received by Registrar's Office: _____ Processed by Registrar's Office: _____

White - Registrar Yellow - Graduate Studies Pink - Grad. Program Director Gold - Student