



REQUEST FOR GRADUATE COURSE SUBSTITUTION OR CREDIT TRANSFER



Name _____ CU ID # _____

E-mail address _____ Phone # _____

Program _____

STUDENT: Please provide a syllabus, complete with course description for course(s) taken at another institution. The date listed on the syllabus must be within two years of the date that the course was taken. A request lacking a syllabus or other required information may not be fully considered. Student may petition for transfer of credits only after completing 12 hours of graduate coursework at Cameron University with a cumulative GPA of 3.00 or above.

Graduate Transfer Course(s)/Credit					
Course Prefix	Course Number	Transfer Institution Course Title	Credit Hours	Grade	Semester Completed

Cameron Course or Requirement			
Course Prefix	Course Number	Cameron Course Title or Requirement	Credit Hours

Reason for Request:

Advisor, Chair, or Dean Comments:

Advisor _____ Date _____

Chair _____ Date _____ Decision: _____

Dean _____ Date _____ Decision: _____

For certain Department of Education courses, final approval is dependent upon completion of required *Chalk & Wire* artifact and/or field experience associated with the required CU course.

Rubric #s: _____

Field Experience: _____