REQUEST FOR GRADUATE COURSE SUBSTITUTION OR CREDIT TRANSFER

Name _____ CU ID # _____

E-mail address _____ Phone # _____

Program Select From Drop Down Menu at Right

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: Approved

Dean _____ Date _____ Decision: Approved

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: _____

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