

REQUEST FOR CREDIT FOR PRIOR MASTER'S DEGREE

STUDENT INFORMATION:

Name: _____

Banner ID#: _____

Are you on an F-1 visa? Yes No

Term of Entry: _____

Program: PhD MSTP

E-mail Address: _____

Student Signature

Date

PRIOR MASTER'S DEGREE INFORMATION:

Master's Degree Granting Institution: _____

Provide the name

Location of Institution: _____

City,

State/Province,

Country

Type of Master's Degree (e.g. MS, MA, etc.): _____

Master's Degree Date of Conferral: _____

Major Subject: _____

Thesis Title (if applicable): _____

FOR OFFICE USE ONLY

Official Master's Transcript Received

Copy of Diploma Received

Record Reviewed by: _____

Advanced Placement Granted: Yes No
(3-course credits)

Associate Dean for Graduate Programs (Signature and Date)

Academic Record Updated : On _____ By _____