

Master's Degree Transfer of Credit

Each transferred course must have been taken at the graduate level for graduate credit at Marquette University or another AACSB accredited institution. Official transcripts must be on file at the Graduate School of Management. Only courses in which the student has earned a grade of "B" (3.0) or better may be transferred. Credits will not be transferred until the student has successfully completed six or more credits as a degree-status student in a master's program at Marquette. *A maximum of 6 credits may be transferred to the BUAD, ACCO and ECON programs, etc. A separate form must be completed for each institution from which transfer of credit is requested.* See the *Graduate Bulletin* for additional information including quarter hour transfer.

I. Completed by the Student

| | | | | |
|---|--------------|---------------|------------------|----------------------|
| Name _____ | | MUID _____ | Start Term _____ | |
| Address _____ | | Program _____ | | Specialization _____ |
| Reason for Requesting Transfer of Credits: (Check One) | | | | |
| <input type="checkbox"/> Course(s) taken as a non-degree student at Marquette University | | | | |
| <input type="checkbox"/> Course(s) taken in previous MU program _____ . I am now in the _____ program. | | | | |
| <input type="checkbox"/> Course(s) taken as a student at _____ (Remember to complete a separate form for each institution.) | | | | |
| Course # | Course Title | Date Taken | # of Credits | Grade |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Student Signature _____ | | | Date _____ | |

II. Completed by Graduate Program Director (MBA, MSA, MSAE, MSHR)

The following courses are accepted/denied from: _____

Admitted to the 5 year BS/MS program pursuing 2nd master's degree from Marquette University, obtained documented consent to take graduate level class, and received B or better grade for each course listed below, not to exceed 12 credits.

| Transfer Course | MU Equivalent | Credits | Grade | Results |
|-----------------|---------------|---------|-------|---|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |

Department Chair/Director of Graduate Studies Signature _____ Date _____

III. GSM

New Completion Date: _____ Credits Attempted: _____ Credits Earned: _____ QP: _____ QPA: _____

Advanced Credits: _____ (Transferred credits accepted towards an advanced degree will appear as "Credits Granted for work at: [Institution]" on transcript)

Comments: _____

Graduate School of Management Authorization _____ Date _____

Sent to Registrar: