WAYNE STATE UNIVERSITY
GRADUATE SCHOOL

Transfer of Credit – Doctor of Philosophy

(Separate Sheet for each school)

Ph.D. Office, 4025 F/AB, ab0413@wayne.edu

NAME _____

P.I.D. NO. _____ S.S. NO. _____

TRANSFER CREDIT EARNED AT _____
(COLLEGE OR UNIVERISTY)

_____ _____
(CITY AND STATE) (DATES OF ATTENDANCE)

INSTRUCTIONS:
1. B-, S&P GRADES ARE NOT ACCEPTABLE FOR TRANSFER
2. PLEASE FILL THE DEPARTMENT & NO. FIELD EXACTLY AS IT APPEARS ON YOUR TRANSCRIPT.
3. USE SEPARATE FORM FOR EACH SCHOOL.

DEPARTMENT & NO.	COURSE TITLE	SEMESTER HRS.	GRADE
	TOTAL		

APPROVED BY:

_____ _____
ADVISOR DATE CHAIRPERSON, GRADUATE COMMITTEE DATE

TRANSFER AUTHORIZED BY: _____
DEAN, GRADUATE SCHOOL DATE