



Master's Degree Credit Transfer

Transfer of courses toward KU Master's degree

Research & Graduate Studies
Strong Hall, Room 213
1450 Jayhawk Boulevard
Lawrence, KS 66045-7535
Telephone: (785) 864-8040
Fax: (785) 864-7209
www.graduate.ku.edu

To: _____ From: _____

Student Name: _____ Student ID: _____

Current Plan: _____ Admit Term: _____

Transfer these graduate courses to apply toward the master's degree:

Name of Institution: _____ KU Courses: Yes No

Department	Course #	Title of Course	Cr. Hrs.	Grade	Term
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comments:

Department Signature
Signature: _____ Date: _____
Departmental authorization: Department Chairperson / Director of Graduate Studies

School/College Approval
Signature: _____ Date: _____
Title: _____
Division authorization: School/College Dean Representative

Routing of form if **non-KU credit**: Department → School/College → Graduate Studies → Admissions & Scholarships
Routing of form if **KU credit**: Department → School/College