

## Request to Transfer Graduate Credit

**Enrolled / returning students:**

1. Discuss with your Bradley program coordinator/advisor the course(s) you wish to transfer. This should be done prior to registering for courses. See the current [Graduate Catalog](#) for course eligibility requirements and maximum credit hours that may be transferred.
2. Transfer credit must be approved by both your Bradley program coordinator and your college's dean.
3. It is your responsibility to have an official transcript from the other institution sent directly to the appropriate office at Bradley (see below). Transfer of credit will not be completed until an official transcript has been received.
4. Send this completed form, as well as the official transcript showing the final course grade(s), to:
  - a. For courses taken before matriculation at Bradley: Graduate Admissions, [gradadmission@bradley.edu](mailto:gradadmission@bradley.edu).
  - b. For courses taken after matriculation at Bradley: Office of the Registrar, [registrar@bradley.edu](mailto:registrar@bradley.edu).

**Applicants for admission:** Do not use this form. Contact [gradadmission@bradley.edu](mailto:gradadmission@bradley.edu) with questions.

**To be Completed by the Student**

Name: \_\_\_\_\_ BU Campus ID #: \_\_\_\_\_  
Surname/Last or Family Name      First/Given/Personal Name      Middle Name or Initial

Email: \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing Address - Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Request #	Institution	Course Number	Course Title	Hours/Credits*	Final Grade
1				____ (S / Q)	
2				____ (S / Q)	
3				____ (S / Q)	
4				____ (S / Q)	

*\* Indicate number of credits or units, and whether Semester or Quarter*

**I have reviewed the transfer credit policy in the Graduate Catalog, and the courses listed above meet all applicable eligibility requirements. Transcripts showing final grades, as well as syllabi or course descriptions, are included with this request.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Graduate Education

bugrad@fsmail.bradley.edu  
bradley.edu/grad

## To be Completed by the Graduate Program Coordinator

Request #	Approved Y / N	For BU Course	Required / Elective	Semester Hours	Reason
1					
2					
3					
4					

*Denial Reasons (Optional):*

**A** – No equivalent BU course **B** – Grade does not qualify **C** – No final grade shown **D** – Does not meet program requirements **E** – Course is not recent enough **F** – Used for prior degree **G** – Other reason

Name (Print/Type): \_\_\_\_\_ Program: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To be Completed by the College Dean

Name (Print/Type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It is the student's responsibility to submit the completed Request to Transfer Graduate Credit and all required supporting documentation to the appropriate office (Office of the Registrar or Graduate Admissions). Both the completed form and official transcripts showing final grades for any approved course(s) must be received before any transfer credit will be entered on the student's Bradley record.*