

Transfer of Credit Master's Degree Only

Graduate School Registrar The Graduate School Duke University 2127 Campus Drive, Box 90068 Durham, NC 27708

This letter is to request transfer of credits for the courses listed below to my program for meeting the requirements for the **master's** degree in the Department of _______. I have satisfactorily completed twelve units or more of graduate study at Duke University. The courses were completed <u>subsequent</u> to my completion of the baccalaureate degree. I understand that a maximum of <u>six units</u> may be transferred to a Master's degree program at Duke.

I further understand that no credits will be counted toward my program for a course which is more than six years old at (a) the date I am awarded my Master's degree and (b) the grade for the course(s) must be B- or better. I have requested than an official transcript be sent to the Graduate School

Course No.	Course Title	<u>No. of Units</u>	Grade Earned	<u>School</u>	
Forwarded recommend	ding approval:	Since	erely,		
Advisor	Date	Stude	Student (please print name)		
Director of Graduate St	udies Date	Stude	Student ID		
			With counterbalanc registration	ing	
The Graduate School	Date	-	Without counterbala registration	ancing	