SCHOOL OF
INFORMATICS, COMPUTING, AND ENGINEERING

Ph.D. in Informatics
Credit Transfer Request Form

Student's Name _____ Ph.D. Track _____

Student's Signature _____ Date _____

Student's Email _____ IUID#_____

Transfer credits from Master's degree program (maximum of 30 credits).

University Attended	Graduate Course Name and Number	Semester Taken	No. of Credits	Grade	Course Description

Approvals:

Advisory Committee Chair's (Advisor) Name _____

Advisory Committee Chair's (Advisor) Signature _____ Date _____

Director of Graduate Studies' Signature _____ Date _____

Please submit completed form to the Informatics Graduate Studies Office.

Rev. 06/29/2017