

**GRADUATE ADMISSIONS OFFICE**  
**(724) 738-2051**  
**SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA**  
**SLIPPERY ROCK, PA 16057**

**GRADUATE STUDENT TRANSFER CREDIT FORM**

**FOR NEWLY ADMITTED SRU GRADUATE STUDENTS WHO WISH TO TRANSFER  
GRADUATE COURSEWORK EARNED AT OTHER INSTITUTIONS  
PRIOR TO ATTENDING SRU**

Attached is a copy of the transcript of graduate work completed by the student named below.  
Please complete the Graduate Coordinator Review portion and note your recommendation.

**I. STUDENT INFORMATION**

Name \_\_\_\_\_  
(Last) (Former) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

TRANSFER INSTITUTION \_\_\_\_\_

*\*A **MAXIMUM** of twelve (12) semester hours of graduate coursework earned at other accredited institutions may be accepted for transfer to Slippery Rock University before enrolling. These credits must have been completed within the six-year period established for the completion of all degree requirements and carry at least a "B" grade. No more than six (6) semester hours shall be transferred from another institution after a student has been admitted to a graduate program at Slippery Rock University.*

**II. GRADUATE COORDINATOR REVIEW**

- I RECOMMEND TRANSFERRING THE CREDITS BELOW.
- I RECOMMEND THAT NO TRANSFER CREDITS BE AWARDED.

Transfer Institution Course Title	Course Number	Semester Hours	SRU Course Number, Title and Equivalent Semester Hours

Graduate Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_