Computing and Information Systems Ph.D. Program
Request for Transfer Credits from Master's Program

Student Name _____ ID _____

Signature _____ Date_____

I received _____ degree from _____ in _____

(Master's degree name) (Institution) (Month & year)

I request the following _____ credit hours be transferred into the CIS PhD Program.

Course code	Title	Grade	Credit hours

* A copy of the transcript showing all courses listed above should be attached to this form.

Approval:

Advisor _____ Date_____

Doctoral Committee/Faculty Evaluator _____ Date_____

CIS Ph.D. Track Coordinator _____ Date_____

Graduate School _____ Date_____