



COLLEGE OF APPLIED AND NATURAL SCIENCES
GRADUATE STUDIES AND RESEARCH

Transfer Course Request Form

Student: _____ CWID: _____

Degree Pursued: _____

Request to transfer the following course(s) from:

University: _____

City: _____ State: _____

Name and Number:	Transfer Course(s): Title:	Louisiana Tech Substitute Course(s):
1.	_____	_____
2.	_____	_____
3.	_____	_____

An official course description must accompany all transfer requests. It is the responsibility of the student to have an official transcript mailed to the Office of the Registrar, Louisiana Tech University, Ruston, LA, 71272, upon completion of the course(s).

I hereby request that the above noted course(s) be transferred to my program Plan of Study. I acknowledge that by accepting this transfer(s) I remain responsible for all culminating program requirements including comprehensive examinations, presentations, etc. as may be applicable.

Student's Signature Date

Approved:

Advisor Date

Department Head Date

Director of Graduate Studies Date