



PETITION FOR CREDIT TRANSFER

Student Name: _____ Student ID Number: _____

Please complete the following information. Attach a copy of the syllabus for the course being transferred, an unofficial transcript of the grade, and then return the form to the Graduate Office. Credits with a grade of "C" or below are not transferable. **No transfer Petitions will be approved after the Application to Candidacy has been approved.**

Transfer Course Number and Title: _____

Granting Institution: _____ Term: _____

Briefly describe why you think the course is transferable:

Student: _____ Date: _____

π Approved

π Not Approved

π Approved with Stipulations

Graduate Program Coordinator: _____ Date: _____

College Dean: _____ Date: _____

Dean of Graduate Studies and Research: _____ Date: _____

Send Original to:
Dakota State University
Office of Graduate Studies and Research
820 N Washington Ave
Madison, SD 57042