## IUPUI - GRADUATE TRANSFER CREDIT REPORT Please type the information

				Please	e type th								
Student Name:							Admit Date (Term/Year):						
University ID#:							Academic Program/Plan:						
Faculty Advisor:							Anticipated Graduation Term:						
Transfer College Name:							Transfer College Institution Code <b>OR</b> Zip Code:						
		egible copy of	non-IU official tra		back) requ	ired v it Rep	with port,	this form - (pl https://gradu	ease redact S ate.iupui.edu	SSNs on copy for security). <u>/forms/index.html</u>			
INCOMING INSTITUTION - ELIGIBLE TRANSFER COURSES GRADES OF "B" OR HIGHER ONLY, NO PASS/FAIL								IUPUI SCHOOL/DEPT EQUIVALENT COURSES					
Term & Year Enrolled	Subject Area	Course #	Course Title		Credit Hours Earned & Grade			School or Dept	Catalog# or UNDI level	Course Title	Sem Credit Hours Aprv'd		
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			+				2						
			+				3						
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							9				1		
							10						
			Total Cr Hrs Av Indicate Semeste							Total Credit Hrs <u>Approved</u> Appears on IU Transcript			
ignatures (legible signatures) (Type/print your name under signature line) ept Chair, Program Director, or Authorized Representative, and Title:							Signature Date:						
JPUI School/Dept:							Campus Email:						
JPUI Graduate Office Approval:							Graduate Office Approval Date:						
For Grad Office	Use Only												
rocessed by Date Processing Complete								d For Articulation Semester/Term					