



Graduate Transfer Credit Request (TCR)

Return form to the registrar's office at psu-registrar@plymouth.edu.

Last Name _____ First Name _____ Student ID _____

Catalog Year _____ Current Major _____ Concentration _____

Current Degree EdD EdS CAGS MA MAT MBA MED MS Certificate

Before proceeding, read the [transfer policies](#).

Institution	Transfer Course (Title/Course #)	Credits	Grade	Term/Semester & Year	PSU Course Equivalency* or Indicate Elective

**Course description or syllabus may be required to confirm equivalency.*

Additional Information/Rationale:

STUDENT: (required) after you have read the transfer policies linked above, sign/date below to acknowledge your responsibilities

Student Signature _____ Date _____

Advisor Signature (required) _____ Date _____

Please return this form to the registrar's office in Speare via the methods noted below.

Processed by: _____	Date _____	1/2023
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