SCHOOL OF INFORMATICS AND COMPUTING
INDIANA UNIVERSITY
Bloomington

Ph.D. in Informatics
Transfer Credit Request Form

Name_____

Ph.D. Track _____

Transfer credits from Master's degree program (*XX* credit hours total)

University Attended	Graduate Course Name and Number	Credit Hours	Grade	Course Description

Approval:

_____
Program Advisor

_____
Director of Graduate Studies

_____
Associate Dean for Graduate Studies