

REQUEST FOR CREDIT FOR PRIOR MASTER'S DEGREE FORM

STUDENT INFORMATION:

Name: _____ Banner ID: _____

Program: PhD MSTP Term of Entry: _____
(e.g. Fall 2022)

E-mail: _____

Student Signature Date

PRIOR MASTER'S DEGREE INFORMATION:

Degree Granting
Institution Name: _____

Location of Institution: _____
City State/Province Country

Master's Degree Type: _____ Master's Degree Date of
(e.g. M.S., M.A., etc.) Conferral: _____

Major: _____

Master's Thesis
Title:
(if applicable)

For Graduate Office Use Only

Official Master's Transcript Received

Copy of Master's Diploma Received

Record Reviewed by: _____

Advanced Placement Granted Yes No
(3.0 course-credits)

Assoc. Dean for Graduate Programs Signature Date

Academic Record Updated (date): _____ by _____