



DOMINICAN UNIVERSITY

School of Information Studies

PETITION FOR TRANSFER OF GRADUATE CREDIT

NAME _____
(Last) (First) (M.I.) (Dominican University ID Number)

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE _____
(Home) (Work)

Graduate students wishing to transfer a maximum of six (6.00) semester hours in Library and Information Science earned in a Master's program accredited by the American Library Association, to her/his degree program at Dominican University must complete this form and original transcripts of the work must be on file in the SOIS office.

May be accepted for transfer into the GSLIS program at the time of application for admission. I hereby petition to transfer the following:

<i>INSTITUTION</i>	<i>SEMESTER/ CREDIT HRS</i>	<i>COURSE TITLE</i>	<i>DATE TAKEN</i>	<i>FINAL GRADE</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: _____

Date: _____ Approval by Dean: _____

On a separate sheet of paper please provide information regarding your course work and why you feel this work should be accepted and how it pertains to this program.