Form: TC09 Brandeis University, Office of the University Registrar Richard Cunnane, rcunnane@brandeis.edu Kutz 121. Mailstop 068 Date _____ Waltham, MA 02453-2728 781-736-2018; Fax (781) 736-3485 **Graduate Transfer Credit Request** Name of your program: _____ ☐ Master's Degree ☐ PhD Degree Instructions: This form is to be used to petition for courses taken outside of Brandeis University to count toward credit for the Brandeis University degree. The Department will complete and return this form to the Office of the University Registrar for evaluation. Approval will be granted according to the following guidelines: An official transcript accompanies this form. Residency credit will not be granted toward one year master's programs, however transfer credit may be used to fulfill specific degree requirements in these programs. For two year master's programs, a maximum of one semester of residency may be waived if the equivalent amount of transfer credit is granted. A maximum of one year residency may be granted toward a PhD program. First Name: _____ Last Name: ___ ID: 2 First Year in this Program: 20 Mail Stop: **Academic Progress Application (Degree Audit) Course to Transfer** This course is approved to fulfill the following Degree Audit Institution: _____ Requirement in the student's Academic Progress in Workday: Subject Code: Course Number: Course Title: Semester/Year: This course is approved to fulfill the following Degree Audit Institution: ___ Requirement in the student's Academic Progress in Workday: Subject Code: _____ Course Number: _____ Course Title: _____ Semester/Year: _____ This course is approved to fulfill the following Degree Audit Institution: Requirement in the student's Academic Progress in Workday: Subject Code: ____ Course Number: ___ Course Title: ____ Semester/Year: ___ Department Chair/Graduate Advising Head _____ Registrar's Office Use Only Registrar Signature _____ ☐ Audit Evaluated ☐ Transcript Received ☐ Transfer Credit Posted ☐ Dept. Contacted for Clarification