

INTERNAL COURSE TRANSFER REQUEST FOR ADVANCED UNDERGRADUATE STATUS CREDITS

First Name: _____ Last Name: _____ BGSU ID: _____

Degree: Doctoral Master's Specialist Certificate Program: _____

By submitting this form, you are acknowledging:

- You took graduate course(s) as an undergraduate student with Advanced Undergraduate Status.
- You requested those credits to be counted as undergraduate credits.
- You are requesting those credits to also be counted as graduate credits.
- This does not guarantee that the graduate course(s) meet(s) requirements for your graduate program.

Course Subject Code & Number	Course Title	Term/Year Completed	Credit(s)	Grade

If request is approved, a copy of the signed form will be sent to the student's BGSU email address. Students whose requests cannot be approved, will be contacted through their BGSU email address.

Graduate Program Coordinator Approval: _____

Line College Approval: _____

The approval of the Graduate Program Coordinator and Line College Dean or designee indicates the BGSU Graduate course taken as an Undergraduate student can be used for Graduate credit.

Graduate College Approval: _____

The approval of the Graduate College indicates that the BGSU Graduate course taken as an Undergraduate student was approved for Undergraduate credit as an Advanced Undergraduate Student.

Approved to use for graduate credit.

Registration & Records Date Processed