

**STETSON UNIVERSITY**  
**DeLand, Florida 32723**  
**Office of Graduate Studies**

**Request for Approval of Transferred Graduate Courses**

**Instructions:** This form is to be used by a student seeking to transfer not more than six semester hours of graduate coursework to his/her degree program. A **separate request form** is required for each course being transferred.

**Transfer coursework will not be processed before the student has been advanced to candidacy.**

The student is responsible for requesting an official transcript from the institution concerned, directly to: Stetson University – Office of Graduate Studies, 421 N. Woodland Blvd, Unit 8421, DeLand, Florida 32723.

Complete all sections below - If a course syllabus is available, please attach it to this form.

STUDENT NAME \_\_\_\_\_

STETSON ID# \_\_\_\_\_ GRADUATE MAJOR \_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY COURSEWORK WAS TAKEN \_\_\_\_\_

PROFESSOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

COURSE # \_\_\_\_\_ COURSE TITLE \_\_\_\_\_

CREDIT HOURS \_\_\_\_\_ TERM \_\_\_\_\_ TEXT USED \_\_\_\_\_

SUMMARY OF COURSE CONTENT:

**TO REPLACE STETSON UNIVERSITY'S:**

COURSE # \_\_\_\_\_ COURSE TITLE \_\_\_\_\_

Department Chair or Director Approval \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROCESSING OF TRANSFER CREDIT - THIS COMPLETED FORM MUST BE RETURNED TO THE OFFICE OF GRADUATE STUDIES located in Flagler Hall, 101-B, by email: [gradstudies@stetson.edu](mailto:gradstudies@stetson.edu) or faxed: 386-822-7051.**