

GRADUATE TRANSIENT REQUEST

The Graduate School
Valdosta State University

Graduate students seeking to take a course/s at a regionally or nationally accredited institution for transfer credit, must follow the procedures outlined below:

1. The student must be a VSU graduate student in a degree program. Students in non-degree or certification programs cannot transfer courses from another institution.
2. The student should consult with their advisor regarding the appropriateness of the course(s) sought to take at another institution to apply in their program at VSU.
3. The Graduate School & Research requesting a Letter of Good Standing with information below completed along with the email address where the Letter of Good Standing should be sent.
4. The Associate Provost will verify that the student is in Good Standing and has not already transferred in the maximum number of courses. (Typical limit is six semester hours of graduate course work, but some programs may accept more.)
5. If the Associate Provost approves the Graduate Transient Request, the Letter of Good Standing will be forward to the appropriate institution with a copy to student and the advisor.
6. After the student completes the course(s), s/he must have an official transcript sent to the institution where the course(s) were taken.
7. The student must apply for the transient course(s) to their program.

TO BE COMPLETED BY APPLICANT

Name of applicant _____ 870# _____

Email address _____ GPA _____

Graduate Program _____

Term in which the applicant plans to enroll as transient student _____

Course(s) in which the applicant plans to enroll _____

Name and email address of the institution where the Letter of Good Standing should be sent _____

GRADUATE TRANSFER REQUEST

I certify that _____ is in good standing and recommend him/her for graduate admission as a transfer student at the named institution to take the course(s) indicated. I further verify that the requested courses are within the number of courses permitted to be transferred into the program.

On behalf of the student, I request a Letter of Good Standing be sent to the named institution.

Name of Advisor _____ Signature of Advisor _____

Date _____

Please submit requests to:

Dr. Becky K. da Cruz, J.D., Ph.D.
Associate Provost for Graduate Studies
& Research
bdacruz@valdosta.edu