

Petition for transfer of graduate credit

Name						Date of Pe	Date of Petition		
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Addre	SS					۳	hone		
	Number/	Street	City	State 1	Zip.	F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
I herb	y petition f	or transfer of	seme	ster hours	of credit				
[]to	be earned			<u>-</u>	,				
, , ,		Seme	a ster/year	il	Name of Institutio	n			
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		······································		CHOOL OF SC	ocial Work, Wayne	State Univ	ersity on	•	
Date									
			Courses	requested	to be transferred				
Dept.	No.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Title			Semester Hrs. Cr.	Grade if earned	
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Graduate Officer's Recommendation:						Stud	Student's signature		
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[] It [] It	is not recon is recomme	nmended that inded that the	t the above cou	rse(s) be tra	ansferred. transferred as follo			• 1	
			ourso(s) Hate	a octow be	transferred as follo	ws;	• •		
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Author	rizing Signa	iture			Date				