

**University of Indianapolis
Department of Psychology**

Petition for Transfer of Graduate Credit

Student Name: _____

Date of Petition: _____

I request transfer of credit for the following courses (documentation attached):

Course Title:	Date Taken:
Institution:	Grade:
Credit Hours:	U of I Course Name and Number:

Course Title:	Date Taken:
Institution:	Grade:
Credit Hours:	U of I Course Name and Number:

Course Title:	Date Taken:
Institution:	Grade:
Credit Hours:	U of I Course Name and Number:

Course Title:	Date Taken:
Institution:	Grade:
Credit Hours:	U of I Course Name and Number:

Course Title:	Date Taken:
Institution:	Grade:
Credit Hours:	U of I Course Name and Number:

Student Signature

Date: _____