



REQUEST FOR TRANSFER/WAIVER CREDIT

- Please consult the school's policy on Transfer or Waiver of Credit as found in the School of Library and Information Science section of the Graduate Studies Announcements or the school's web site <http://slis.cua.edu/admissions/transferwaiver.cfm>
- You may request transfer of credits only after you have completed 12 semester hours of course work in the M.S. in L.S. program.
- You must have an official transcript of the course work you wish to transfer sent to the school directly by the institution where the credits were earned.
- You must attach an official course description from the institution's catalog to this form (For course waivers include the syllabus used in the completed course)
- Complete one form for each course you request to be transferred.
- Submit the form(s) to: The Catholic University of America, School of Library and Information Science, Washington DC 20064, or you may fax them to 202-319-5574.

Name: _____

Student ID Number: _____

Email: _____

Phone: _____

TRANSFER COURSE

Year Taken: _____ Course Number: _____ Grade: _____

Course Title: _____

Institution: _____

Rationale: Explain fully how this course is consistent with your program of study in library and information science. Use the reverse side of this form or attach another page.

Core Course Waiver Request: Be sure to include a syllabus for the completed course. A waiver of the core course will be considered with this transfer of credit request.

Is this course comparable to a required core course in the M.S. in L.S. program? **Yes:**____ **No:**____

If yes, circle the course number of the core course: LSC 551 LSC 553 LSC 555 LSC 557

Sign below to indicate that you have read the policy of Transfer or Waiver of Credit in the school's section of the *Graduate Studies Announcements* or on the school's web site.

Student's Signature: _____ Date: _____

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Advisor Recommendation Transfer: Approve / Deny Waiver: Approve / Deny
Signature: _____ Date: _____

Dean Transfer: Approve / Deny Waiver: Approve / Deny
Signature: _____ Date: _____