

LONG ISLAND UNIVERSITY

Palmer School of Library and Information Science

REQUEST FOR TRANSFER CREDIT FORM

NAME: _____ I.D.# _____
PRINT

I request transfer of ____ credits of graduate courses from _____ to be applied to the M.S. in Library and Information Science at Long Island University. (If transfer credits are being requested from more than one institution, complete a separate form for each institution.)

	Course No.	Course Title	Syllabus Attached ✓ if Yes
I.	_____	_____	_____
II.	_____	_____	_____

Please attach a letter justifying your reason for requesting this transfer.

If the transcript is not in your file in the Palmer School, please have an official transcript sent to the Director of the Palmer School. This application will be processed when it is received.

I verify that the above courses have not been used to earn a degree and were taken within the past five years.

SIGNED _____ DATE _____

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APPROVAL:

DIRECTOR _____ **DATE** _____

Distribution: Student File
Student
Records