

BALL STATE UNIVERSITY TRANSFER OF CREDIT STATUS FORM

The student named below has requested to be considered a Guest Student in the Graduate School Ball State University. Please complete the University Information section below and sign the form.

	ent Information (to be completed by the student) nt Name
	ess
	State Zip
•	•
Reque	ested term of study at BSU
Reque	ested course(s) at BSU
<u>Unive</u> 1.	ersity Information (to be completed by a college or university official) Student named above has been admitted to pursue one of the following
1.	degree programs Master's Specialist Doctoral
	at (name of college or university)
2.	Student's Major
3.	Number of graduate hours completed by the student
4.	Graduate GPA of the student
5.	Student is in good academic standing Yes No
<u>Verifi</u>	cation
Signat	ture
	(Dean of the Graduate School) (Print Name)
Date _	