

Electrical Engineering and Computer Science Department



REQUEST FOR TRANSFER CREDIT EVALUATION

Name		Student Number				
Focus Area _		Faculty Advisor				
transfer credit the Graduate S	he following course toward my Plan of school and a copy is or all courses to be co higher.	Study. 1 attache	My official to this required	ranscrip uest. I l	ot from this schoonave also attached	l is on file with l course
University:		Quarter or Semester System:				
Course Number	Course Title	Hours	Date Taken	Grade	UT Equivalency	Faculty Approval
Course Number	Course Title	Hours	Date Taken	Grade	O r Equivalency	Faculty Approval
Faculty Comm	nents:					
Approval of Fe	aculty Advisor					
11pprovar or 1	<u></u>					
Approval of G	raduate Director					