IUPUI - GRADUATE TRANSFER CREDIT REPORT type the information & submit via RTS

	Student Name:							Admit Date (Term/Year):							
	IUID# & PUID#:							Academic Program/Plan:							
							Anticipated Graduation Term:								
•							Transfer College Institution Code OR Zip Code:								
Legible copy of non-IU official transcript (front and back) required with this for									form - (please redact SSNs on copy for security). Submit via RTS.						
			See Ins	tructions for comp	oleting Graduate	Transfer Cred	lit Repor	t, <u>https://gra</u>	aduate.iupui.e	du/forms/index.html					
INCOMING INSTITUTION - ELIGIBLE TRANSFER COURSES GRADES OF "B-" OR HIGHER ONLY, NO PASS/FAIL							IUPUI SCHOOL/DEPT EQUIVALENT COURSES								
	Term & Year Enrolled	Subject Area	Course #	Course Title		Credit Hours Earned & Grade		Course Subject	Catalog# or UNDI level	Course Title	Sem Credit Hours Aprv'd				
1							1	3			•				
2							2								
3							3								
4							4								
5							5								
6							6								
7							7								
8							8								
9							9								
10							10								
				Total Cr Hrs Av Indicate Semeste						Total Credit Hrs <u>Approved</u> Appears on IU Transcript					
De	ept Chair, F	Program D	irector, or Au	thorized Represen	ntative:										
Typed: Signo										Date:					
IUPUI School/Dept:						ı	Campus Email:								
IUPUI Grad Office Approval:							Graduate	Graduate Office Approval Date:							
	or Grad Office	Use Only			D . D .	<u> </u>			F .						
Pro	ocessed by				Processed by Date Processing Completed For Articulation Semester/Term										