

ST. CLOUD STATE UNIVERSITY

FIFTH YEAR SEMESTER PROGRAM

Major: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

City State Zip

Business Telephone \_\_\_\_\_

Name of Undergraduate College or University \_\_\_\_\_

Current Position Held \_\_\_\_\_

School \_\_\_\_\_

Request transfer of the following courses: (Official transcripts of all transfer credits which have been completed must be in the Graduate Studies Office before program can be approved.)

Dept. and Course No.	Name of Course Transferred	College or University	Sem./Qtr. Hours	Mark	Date Taken

(Not to be filled in by applicant)

All deficiencies related to this student's admission to graduate study have been removed.  
I approve the program outlined in this application.

\_\_\_\_\_  
Signature of Adviser

The program outlined in this application complies with the minimum course requirements of the university for the Fifth Year program in this major field.

\_\_\_\_\_  
Signature of Graduate Dean

Student notified: \_\_\_\_\_

