

School of Education  
**Transfer Credit Request Form**

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 Phone: (312) 915-6800 • (312) 915-6660



*Preparing people to lead extraordinary lives*

Student \_\_\_\_\_ Loyola I.D. \_\_\_\_\_

M.Ed.     Ed.S.    Program \_\_\_\_\_

Attach the official transcript(s) – or copy if the original is on file.

Source School: _____ Year: _____ Term: _____ Subject: _____ Course Nbr: _____ Title: _____ _____	LUC Equivalent  Course Number: _____ Title: _____ _____
Source School: _____ Year: _____ Term: _____ Subject: _____ Course Nbr: _____ Title: _____ _____	LUC Equivalent  Course Number: _____ Title: _____ _____
Total Semester Credits: _____	Total Approved Credits: _____

Program Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Assoc. Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Posted by : \_\_\_\_\_ Date: \_\_\_\_\_