

**RECOMMENDATION FOR ACCEPTANCE OF TRANSFER  
CREDIT/ADMISSION TO ADVANCED STANDING**

LOYOLA UNIVERSITY CHICAGO  
THE GRADUATE SCHOOL

**Student information**

Name \_\_\_\_\_ LUC ID # \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                                      City                                      State                                      Zip

Program \_\_\_\_\_ Circle one: masters or doctoral

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<b>Transfer School(s)</b>	<b>Semester Hours Recommended</b>
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- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Total number of hours Recommended for Acceptance	_____
Semester Hours to be completed in the Graduate School Program	_____
Semester Hours Required by the Graduate School Program	_____

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Graduate Program Director's name	Signature	Date
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Graduate School approval \_\_\_\_\_

Graduate School officer	Date
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Please return to the Graduate School, Granada Center 400, LSC