

# Undergraduate Transfer Credit Request Form

Complete this form (the gray areas are for office use only), attach the course description for each course, and return it to Sharon Johnston's office (CFA 108) in order for the School of Music to approve your transfer credit.

**For credit to transfer**, a grade of C or better is required for an approved course from an accredited institution (college or university).

**For credit to transfer to satisfy required music courses or music support courses**, the appropriate faculty member's signature and/or a petition may also be required.

**For credit to transfer to satisfy a non-music minor or a double major requirement**, the appropriate department's signature is required before this form is submitted for School of Music approval.

After taking the course(s), have an official transcript sent to:  
School of Music, Carnegie Mellon University, Pittsburgh, PA 15213, attn.: Sharon Johnston

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date: \_\_\_\_\_ Semester you will take the course(s): \_\_\_\_\_

I request permission to receive transfer credit for the following course(s):  
(Attach course description for each.)

1. Institution \_\_\_\_\_ Course No. \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_  
*If applicable, I request that it substitute for this CMU course:*  
(course number and title) \_\_\_\_\_

Approval/Date	Minimum Grade	CMU Course No.	CMU Course Name	Units
_____	_____	_____	_____	_____

2. Institution \_\_\_\_\_ Course No. \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_  
*If applicable, I request that it substitute for this CMU course:*  
(course number and title) \_\_\_\_\_

Approval/Date	Minimum Grade	CMU Course No.	CMU Course Name	Units
_____	_____	_____	_____	_____

3. Institution \_\_\_\_\_ Course No. \_\_\_\_\_ Course Name \_\_\_\_\_ Credits \_\_\_\_\_  
*If applicable, I request that it substitute for this CMU course:*  
(course number and title) \_\_\_\_\_

Approval/Date	Minimum Grade	CMU Course No.	CMU Course Name	Units
_____	_____	_____	_____	_____

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**FOR OFFICE USE ONLY:**  
Date transcript received: \_\_\_\_\_ Date transfer credit entered: \_\_\_\_\_ Entered by: \_\_\_\_\_