

Master of Arts in Teaching REQUEST FOR TRANSFER CREDIT

Date ____/____/____

Instructions: To request an evaluation of credits that might transfer to the MAT program, please complete this form and return it to the Louisiana College Education Department, Alexandria Hall 328, or mail it to Master of Arts in Teaching Program, Louisiana College, P.O. Box 585, Pineville, LA 71359.

NAME: _____ DATE OF BIRTH: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

ADDRESS: _____
Street City State Zip

Please list **ALL** institutions attended:

***NOTE:** You must apply for admission with the Education Department and have an official transcript from **ALL** institutions attended sent directly to Louisiana College for an official evaluation to be processed.

Please indicate by "X":

____ Transcripts are in Education Department

____ Transcripts are in _____.

____ Transcripts will be sent to:

Master of Arts in Teaching Program
Louisiana College
P.O. Box 585
Pineville, LA 71359

Please provide the following information regarding the course(s) you are requesting credit for:

Please note: If additional course evaluations are needed, please attach additional requests on a separate sheet of paper with all of the information below indicated for each course.

Course Number _____ Course Title _____

Credit Hours _____ Semester/Year Course Completed* _____

Institution where course was completed _____

Course Description (from Institution's college catalog for the year the course was taken; attach additional pages if needed):

**Course credit will not be granted for courses completed seven (7) or more years ago.*