

INFORMATION ARCHITECTURE AND KNOWLEDGE MANAGEMENT

Transfer Credit Request for the M.S. in IAKM

**** Course must be a graduate-level course ****
**** You MUST attach the course syllabus to this request. ****

You MUST have an official transcript sent to:
Janna Korzenko, IAKM, 314 Library, Kent State University, P.O. Box 5190, Kent, OH 44242

Student Name: _____

Student ID: _____ Date of Request: _____

I request approval for the following course from _____ to count toward the IAKM degree: _____
Name of College/University

<u>Course Number</u>	<u>Course Title</u>	<u>Credit Hours</u>
<u>Semester/Year Taken</u>	<u>Grade Earned</u>	
<u>Course Description</u>		

This course is relevant to my academic and career goals because

_____ I approve this transfer credit request, provided the student *completes* the IAKM degree by: _____
It will count in the following concentration: _____

_____ I do not approve this transfer credit request.

Program Director

Date