

**COLLEGE OF WILLIAM AND MARY**  
 SCHOOL OF MARINE SCIENCE / VIRGINIA INSTITUTE OF MARINE SCIENCE

**REQUEST TO APPLY SOME 550-PLUS CREDITS**  
**FROM THE SMS MASTER'S PROGRAM TO THE SMS DOCTORAL PROGRAM**

AS DEEMED APPROPRIATE BY THE STUDENT'S ADVISORY COMMITTEE, A LIMITED NUMBER OF 550-PLUS CREDITS EARNED IN THE SCHOOL OF MARINE SCIENCE MASTER'S DEGREE PROGRAM **IN EXCESS OF REQUIREMENTS FOR THE DEGREE** MAY BE APPLIED TO SATISFY COURSE AND CREDIT-HOUR REQUIREMENTS IN THE STUDENT'S SMS DOCTORAL DEGREE PROGRAM.

FIRST NAME	LAST NAME	BANNER ID
DEPARTMENT	STUDENT SIGNATURE	DATE

I REQUEST TO APPLY THE BELOW-LISTED CREDITS TOWARD THE COURSE AND CREDIT-HOUR REQUIREMENTS OF MY DOCTOR OF PHILOSOPHY DEGREE. BY SIGNING ABOVE, I CERTIFY THAT THE WORK WAS COMPLETED IN EXCESS OF THE REQUIREMENTS FOR THE MASTER OF SCIENCE DEGREE.

COURSE No.	CRN	COURSE NAME	CREDITS	GRADE

THE ADVISORY COMMITTEE FOR THE ABOVE-NAMED STUDENT ATTESTS, BY SIGNATURE, TO THE APPROPRIATENESS OF THE CREDITS REQUESTED FOR APPLICATION TO HIS/HER ADVANCED DEGREE.

<b>APPROVALS</b> (SIGNATURES OF ALL ADVISORY COMMITTEE MEMBERS REQUIRED)		
MAJOR ADVISOR NAME	SIGNATURE	DATE
CO-MAJOR ADVISOR NAME (IF APPLICABLE)	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
ASSOCIATE DEAN OF ACADEMIC STUDIES	SIGNATURE	DATE

**PLEASE RETURN THIS FORM TO THE VIMS/SMS GRADUATE REGISTRAR IN WATERMEN'S HALL, ROOM 253**  
**OR SUBMIT ELECTRONICALLY TO [REGISTRAR@VIMS.EDU](mailto:REGISTRAR@VIMS.EDU)**

OFFICE USE ONLY:

DATE RECEIVED:	ENTERED INTO MILESTONES:	ENTERED IN BANNER:	NOTIFIED STUDENT:	PROCESSED BY: