

Graduate School Request for Transfer Credit

Student's name _____

SID: _____ Major/Degree: _____

| Year | *University where credit earned | Title and Course Number | Hours Credit | Grade | Hours Accepted | UNCW Equivalent |
|--------------------------------------|---------------------------------|-------------------------|--------------|-------|----------------|-----------------|
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| Total semester hours accepted | | | | | | |

***The Graduate School must have an official transcript showing the satisfactory completion of courses offered for transfer credit.**

Graduate Coordinator

Date

Graduate School

Date

Sent to Registrar's Office: _____