

## Graduate School Request for Transfer Credit

Student's name \_\_\_\_\_

SID: \_\_\_\_\_

Major/Degree: \_\_\_\_\_

Year	*University where credit earned	Title and Course Number	Hours	Grade	Hours Accepted	UNCW Equivalent
<b>Total semester hours accepted</b>						

**\*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: \_\_\_\_\_