

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
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: _____