



TRANSFER CREDIT ACCEPTED TOWARD DEGREE
Upper Division or Graduate Credits Only
 Forward to Registrar's Office with the Graduation Application

—PLEASE PRINT—

Student _____ Advisor _____

Student ID # _____ Anticipated Term of Completion _____

College/BOG _____

Degree _____ Major _____

1. INSTITUTION: _____

SEMESTER YEAR	COURSE NUMBER	COURSE TITLE	SEM. HOURS	GRADE	CHECK TYPE OF CREDIT	
					UPPER DIV.	GRAD.

2. INSTITUTION: _____

SEMESTER YEAR	COURSE NUMBER	COURSE TITLE	SEM. HOURS	GRADE	CHECK TYPE OF CREDIT	
					UPPER DIV.	GRAD.

3. INSTITUTION: _____

SEMESTER YEAR	COURSE NUMBER	COURSE TITLE	SEM. HOURS	GRADE	CHECK TYPE OF CREDIT	
					UPPER DIV.	GRAD.

TOTAL TRANSFER CREDIT HOURS ACCEPTED _____

OFFICIAL TRANSCRIPTS ARE REQUIRED TO VALIDATE TRANSFER CREDITS

COPY ATTACHED _____ PENDING RECEIPT _____ (by processing deadline date)

 Student Signature Date

APPROVAL: _____
 Advisor Signature Date

 Division Chair or Dean Signature Date