



REQUEST FOR TRANSFER OF CREDIT

Part 1 - To be completed by the student (An official transcript should accompany this form)

Student ID Number _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ MyUWG E-Mail: _____

Degree: MA MAT MS MSN MBA MPAcc
 MMUS MURC MPA MED EdS EdD PhD

Major: _____

Part 2 - To be completed by the student and Advisor

Course & Title	Number of Hours*	Transfer Institution & Term	To be Included in Program of Study?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**In any graduate program a maximum of 6 semester hours of graduate credit may be transferred from another accredited institution subject to the following conditions:*

- (1) work already applied toward another degree cannot be accepted*
- (2) work must have been completed within the allotted time period (seven-year period for education degrees and six-year period for all others) allowed for the completion of degree requirements*
- (3) work must have been applicable toward a graduate degree at the institution where the credit was earned*
- (4) work offered for transfer must have the approval of the student's advisor and the major department chair*
- (5) acceptance of the transfer credit does not reduce the residency requirement (see Graduate School Catalog)*
- (6) the total credit in off-campus courses and transfer courses taken under the direction of UWG does not exceed one-half of the hours applied towards a degree.*

Part 3 - To be completed by the department

Major Professor Approval _____ Date _____

Department Chair Approval _____ Date _____

Faculty Director of Graduate Studies _____ Date _____

**Completed form and transcript(s) should be forwarded to the Registrar's Office for the awarding of credit.*