

REQUEST FOR GRADUATE TRANSFER OF CREDIT

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

Student Information (Enter all information for each course requested)

Student ID: _____ Date: _____
(917#)

Name: _____
(Last) (First) (MI)

Address: _____
(Street)

(City) (State) (Zip)

Phone Number: _____ MyUWG E-Mail: _____

Major: _____ Concentration: _____ Cohort #: _____
(If Applicable)

- Degree:** MA MAT MS MSN MBA MP Acc MMUS
 MPA MED EdS EdD EdDPCS PhD

Part 2 – To be completed by the student and the Advisor

Courses Requested (Enter all information for each course requested)

Transfer Institution (Where course was taken)	Term	Course Prefix and Number	Hours	UWG Equivalent Course Subject and Number	Hours	If No UWG Equivalent, apply to Program of Study as Course #

*A maximum of 6 semester credit hours of graduate credit, unless otherwise allowed, (Ed.D. program in School Improvement, a maximum of 12 semester credit hours) may be transferred from another accredited institution, subject to the following conditions:

- (1) Work applied to a completed degree cannot be accepted (except when approved for the Ed.D. in School Improvement program).
- (2) Work must have been completed within the six to eight year period allowed for the completion of degree requirements. (Degree programs in the College of Education and the Ed.D. in Nursing must be completed within seven years, the Ph.D. in Psychology must be completed within eight years, and all other graduate degree programs must be completed within six years.)
- (3) Work must have been applicable toward a graduate degree at the institution where the credit was earned. A grade of B or higher must have been earned in the course.
- (4) Work offered for transfer credit must be approved by the College/School Director of Graduate Studies, Graduate Program Director, and the Academic Advisor.
- (5) Courses to be transferred into the Ed.D in School Improvement must have been taken post Master's Degree.

* I affirm that the transfer credits on this form meet the stipulations listed above.

Program Director Initials _____ Date _____

Part 3 – To be completed by the department (Must have ALL Signatures before submitting to the Graduate School)

Graduate Studies Approval Signatures

Doctorate in School Improvement Approval Signature

 Program/Academic Advisor (Signature Required) Date

 Ed.D. Director (Signature Required if Applicable) Date

 Graduate Program Director (Signature Required) Date

Director of Graduate Studies Approval Signature

 Director of Graduate Studies (Print Name)

 Director of Graduate Studies (Signature Required)

 Date

- ❖ Completed form and transcript(s) should be sent to the Graduate School.
- ❖ The Graduate School will forward to the Registrar's Office to award credit.