



Part 1 – To be completed by the student (An official transcript must be on file in the Graduate School.)

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: _____ (if applicable)

- Degree: [] MA [] MAT [] MS [] MSN [] MBA [] MPAcc [] MMUS
[] MPA [] MED [] EdS [] EdD [] PhD

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

Courses Requested (Enter all information for each course requested)

Table with 7 columns: 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 #

*Graduate work taken at other regionally accredited institutions must be evaluated and approved by the program director and/or graduate committee of the respective program in order to satisfy degree requirements at the University of West Georgia. Such transfer credit cannot exceed 25% of the total semester hours required for the degree. No grade below B may be accepted. Individual degree programs may have additional specific requirements or limitations for transfer credit.

Graduate coursework may not substitute or transfer more than one level (i.e., A 5000-level course may not substitute for an 8000-level course).

A student may request credit toward a graduate degree for prior learning or work experience. The amount of credit awarded from prior learning and work experiences cannot exceed 25% of the total semester hours required for the degree and counts towards the 25% transfer limit. To request Prior Learning or work experience, the Prior Learning or Work Experience Form must be submitted in place of this form.

[] 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)

Program Approval Signatures

Program/Academic Advisor (Signature Required) Date Graduate Program Director (Signature Required) Date

Graduate School Dean Approval Signature

Dean of Graduate School (Print Name) Dean of Graduate School (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.