#15

**NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY**
**School of Graduate Studies**
# Request for Transfer of Credit

Full Name _____ _____ _____
*Last* *First* *MI*

Student ID Number _____

Student Mailing Address _____

_____

Student email Address _____

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General information regarding Transfer of Credit from another institution.

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1. An official transcript from the other institution(s) must be attached.
2. The maximum number of semester hours that can be transferred into a program is six (6).
3. Only courses with earned grades of "B" or above can be transferred.
4. The courses transferred must be graduate level courses from institutions approved for graduate instruction.
5. Graduate courses taken while a student is classified as undergraduate can be transferred only if they were not used to meet undergraduate degree requirements. The program must certify to this in writing on an attached page.

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The student should fill out the next section and submit it to the Program/Department for approval.

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| Course # and Title | Semester Hours | Institution |
|---|---|---|
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| | | |

Student's Signature _____ Date _____

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Note to Department: Complete the section below and return to the School of Graduate Studies Office in Gibbs 120 for approval and processing.

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| Course Prefix and # | Semester Hours | Institution | A&T's Equivalent Course Prefix and # |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Program Chairperson's Signature _____ Date _____

Request Approved [ ] Request Denied [ ]
Graduate Studies Dean's Signature _____ Date _____

Processed by _____ Date Processed _____

cc: Student
Graduate Studies
Program