Graduate Transfer Credit Approval Form

(Available for matriculated students only, traditional and Regional and Online Program)

Student Name: _______________________________ Student I.D. : ____________________

Major/Program of Study: ___________________________ Advisor: ______________________

Semester/Year Matriculated: ___________ Expected Date of Graduation: ________________

DESCRIPTION OF COURSE(S) MUST ACCOMPANY THIS FORM :

- Course(s) must be taken at a regionally accredited institution of higher education.
- A maximum of 6 to 9 credits (depending on program) may be accepted for transfer. (See catalog for details and special exceptions for the Social Work program)
- Course(s) must be taken for letter graded, college credit. A minimum grade of “B” is required.
- Grades received are not indicated on the SC record.
- A student may not receive duplicate credit for a course already taken.
- It is the student’s responsibility to ensure all criteria noted above are met prior to registering for the course(s).

Credit Hours Completed To Date: _______ # of Transfer Credits previously awarded: _______

Course(s) taken:

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<tr>
<th>College/Univ:</th>
<th>Department:</th>
<th>Course #:</th>
<th>Title:</th>
<th>Credits:</th>
<th>Course taken for (Circle One):</th>
<th>(OFFICE USE ONLY) Comments:</th>
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SC Course Equivalency: ___________ Dept Chair signature: ______________

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SC Course Equivalency: ____________________ Dept Chair / signature: _________________________________

Student Signature ___________________________ Date: ___________ Advisor’s Signature ___________ Date: ___________

Dept. Chair ___________________________ Date: ___________ Registrar’s Signature ___________ Date: ___________

Supplemental Approval for Educator Preparation Students Date: ___________

Revised September 4, 2019