

Graduate Student Transfer Credit Request

CCAS Graduate Dean's Office
Phillips Hall 107
801 22nd Street, NW
Washington, DC 20052
Phone 202-994-6210 Fax 202-994-6213



Arts & Sciences

Student Name _____ GWID _____

Department/Program _____ Degree _____

Institution attended _____

Did the student earn a degree? Yes No If yes, degree earned _____

Field of study (at institution where credits were earned) _____

Course to be transferred	GW Equivalent <i>To be completed by department</i>	GW Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total credits _____

Director of Graduate Studies _____ Date _____

DGS Signature _____
(signature not required if submitted electronically)

CCAS use only

Coordinator _____ # Credits _____ Effective semester _____
(semester of most recent registration)

School _____

City & State _____

Dates of attendance _____

Posted in Banner _____

course-by-course

UNIV 0961