



THE CITADEL

Office of the Registrar
Transfer Credit Approval
Graduate Students

Last Name: _____ First Name: _____ MI: _____

CWID: _____ Email: _____

Transfer credit is granted for the following course(s) taken at:

Name of College

City and State

Course Information from Other College			Equivalent Citadel Course Information
Course Prefix and Number <i>Ex. ENGL 501</i>	Course Term and Year <i>Ex. Spring 2017</i>	Grade Earned	Course Prefix and Number <i>Ex. ENGL 101</i>

***Please ensure you have submitted an official copy of your transcript to the office of the Registrar prior to submitting this form.**

Advisor Signature

Date

Program Coordinator Signature

Date

Office Use Only

Recorded to Banner: _____

Initials

Date