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

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 *To be completed by department*	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