

COLLEGE OF HEALTH & HUMAN SCIENCES

Request for Evaluation of Transfer Credit - Graduate

INSTRUCTIONS: Parts I and II are to be filled out by the student.

- A separate form must be filled out for each institution from which credit is requested.
- Please do not leave any spaces blank.
- If course work was taken prior to enrollment in GSU, a transcript is not required. If course work was taken after enrolling at GSU, an *official* transcript (in a sealed envelope from the transfer institution) must be sent directly to:

Office of Academic Assistance
College of Health and Human Sciences
Georgia State University
P.O. Box 3995
Atlanta, GA 30302-3995

PART I.

Student's Name _____ PantherID _____

Dept./School _____ Specialty _____ Advisor _____

College/University Where Courses Were Taken _____

Dates Attended From (year/month) _____ To (year/month) _____

PART II.

Course Prefix & Number	Course Title (As it appears on the transcript)	Credit Hour	Semester/ Quarter	Grade	List Here the GSU Degree Requirement This Course Will Satisfy

PART III. After signatures, forward this form to the Office of Academic Assistance.

Advisor Date APPROVED NOT APPROVED

Graduate Director/Department Chair Date APPROVED NOT APPROVED