

EVALUATION OF TRANSFER CREDIT FORM

LAST NAME	FIRST NAME	MIDDLE NAME	FORMER NAMES <i>(if any.)</i>
PANTHER ID NUMBER	GSU E-MAIL ADDRESS	ENTRY TERM	GRADUATION TERM
DEGREE	CONCENTRATION <i>(if applicable)</i>	FACULTY ADVISOR	DATE

INSTRUCTIONS: Type or print legibly in blue or black ink. Complete the entire form. Submitting an incomplete form may delay processing. Questions may be directed to the School of Public Health Academic Assistance Office at (404) 413-1452 or at publichealthadvising@gsu.edu.

- Parts I and II are to be completed by the student.
- Transfer credit is only evaluated for current or admitted public health students. Consult the graduate student handbook for transfer credit policies.
- A separate form must be filled out for each institution from which credit is requested.
- 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 the: **School of Public Health | Georgia State University | P.O. Box 3995 | Atlanta, GA 30302-3995**

PART I.

College/University Where Courses Were Taken	From (month/year)	To (month/year)

PART II.

Course Number	Course Name or Title <i>(as it appears on the transcript)</i>	Credit Hours	Semester & Year Taken	Final Grade	Which public health requirement will this course satisfy?

REQUIRED SIGNATURES:

Print Student's Name	Student's Signature	Date
Print Grad. Coordinator or Faculty Advisor's Name	Grad. Coordinator or Faculty Advisor's Signature	Date
Print Division Director's Name	Division Director's Signature	Date