

North Carolina State University
The Graduate School

TRANSFER CREDIT

To: Dean of The Graduate School

From: Program Director: _____
Director's name/Program name

Student Information:

Name: _____ ID Number: _____

Degree/Program: _____ Signature: _____

COURSES TO BE TRANSFERRED:

Name of Institution: _____

Official Transcript attached: Yes (required) **Minimum** of **B** in **All** courses: Yes (required)

Sem/Yr	Crs no.	Tot hrs	Qtr hrs	Sem hrs	Credits	Grade	Rel ¹	Qual ²
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

¹Relevant to the student's graduate degree? yes or no

²Instructor qualified to teach at the graduate level? yes, no, or unknown (required by SACS)

Additional explanation: (or indicate if attachment)

For course(s) taken while student was an NCSU undergraduate:

Course(s) not counted toward undergrad degree: _____

Ugrad Coordinator Signature/Date: _____
(Degree Audit accepted in lieu of signature)

DGP Signature/Date: _____



Approved for the Graduate School by: _____
Signature/Date