



Graduate School of
Biomedical Sciences

APPLICATION FOR TRANSFER CREDIT

Non doctoral students acknowledge that by signing below and submitting this application for transfer credits to the GSBS Student Affairs Office, that if these credits are approved, the student will be billed for the number of approved transfer credits at the per credit tuition rate in effect at the time of processing. The Office of the Senior Associate Dean/Student Affairs is responsible for forwarding approved transfer credit applications to the GSBS Registrar's Office for processing.

Student Name: _____ Signature: _____

Student ID: _____

I. Summary of all previous higher education, based on official transcripts on file in the Office of the Registrar (copies enclosed).

<u>Institution:</u>	<u>Location:</u>	<u>Degree:</u>	<u>Date of Degree or Dates of Attendance:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Transfer Credits Granted:

<u>School and Title of Course:</u>	<u>Grade:</u>	<u>Equiv Course:</u>	<u>Semester Cr. Hr:</u>	<u>Approved Advisor:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Program Director: _____ Date: _____

Associate Dean: _____ Date: _____