



## REQUEST FOR TRANSFER OF GRADUATE CREDIT

NOTE: Upon submission of this completed form to the Graduate School Office, the transcript(s) and evaluation forms for transfer of credit will be sent to your department.

### PART I: Student Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ CWID: \_\_\_\_\_  
(Last) (First) (Middle)

E-mail: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Are you presently enrolled? \_\_\_\_\_ If not, give last date enrolled: \_\_\_\_\_

Date first enrolled in The University of Alabama Graduate School: \_\_\_\_\_

Major Department: \_\_\_\_\_ Degree toward which you are working: \_\_\_\_\_  
(Master's, Doctoral or Ed.S.)

### PART II: Institution List

Institution(s) from which credit is to be transferred:

Institution Name	Date Credit Earned

Has transcript from school(s) listed been sent to Graduate School Office? \_\_\_\_\_

If not, an official copy must be sent to:  
 Graduate School, The University of Alabama  
 P. O. Box 870118  
 Tuscaloosa, AL 35487-0118

### PART III: Courses for Transfer Request

List courses suggested for transfer. Approval of Graduate School and department required.  
*(See Graduate Catalog for Transfer Credit Policies)*

Course Name & Number	Course Name & Number	Course Name & Number

Adviser's Signature: \_\_\_\_\_

Date: \_\_\_\_\_