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**Transfer Credit Request**

*Please see current catalog or handbook for all regulations and procedures related to graduate transfer credit.*

* Request must be completed **within one year of admission**, **even for courses** taken previously at UNCP*.*
* ***All coursework over five (5) years old must go through the Appeals process****.*
* **Prior approval** by the program director and The Graduate School Dean -*at least 30 calendar days in advance-* is required for currently enrolled students seeking to take one or more courses at another institution.
* An official copy of the transcript reflecting the credit with “B” or better-earned grade and a copy of the catalog description must be submitted for each course. A course syllabus may be required.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:  [@bravemail.uncp.edu](mailto:___________@bravemail.uncp.edu) Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I request transfer credit approval of the following course(s).**

1. Course prefix and #: \_\_\_\_\_\_\_\_\_\_\_ Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Hours: \_\_\_\_\_\_\_

When taken/to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where taken/to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be substituted for:***

Course prefix and #: \_\_\_\_\_\_\_\_\_\_\_ Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Hours: \_\_\_\_\_\_

2. Course prefix and #: \_\_\_\_\_\_\_\_\_\_\_ Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Hours: \_\_\_\_\_\_

When taken/to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where taken/to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be substituted for:***

Course prefix and #: \_\_\_\_\_\_\_\_\_\_\_ Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Hours: \_\_\_\_\_\_

3. Course prefix and #: \_\_\_\_\_\_\_\_\_\_\_ Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Hours: \_\_\_\_\_\_

When taken/to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where taken/to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be substituted for:***

Course prefix and #: \_\_\_\_\_\_\_\_\_\_\_ Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Hours: \_\_\_\_\_\_

4. Course prefix and #: \_\_\_\_\_\_\_\_\_\_\_ Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Hours: \_\_\_\_\_\_\_

When taken/to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where taken/to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be substituted for:***

Course prefix and #: \_\_\_\_\_\_\_\_\_\_\_ Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Hours: \_\_\_\_\_\_

***Submit this form to the program director for review and signature, then submit the form to The Graduate School.***

I approve the transfer of: Course **#1**: Yes \_\_ No \_\_ Course **#2**: Yes \_\_ No \_\_

Course **#3**: Yes \_\_ No \_\_ Course **#4**: Yes \_\_ No \_\_

Program Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dean, The Graduate School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Revised 1.7.22 IA*