THE UNIVERSITY OF ALABAMA GRADUATE SCHOOL

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

Clear Form Print Form