

COLUMBIAN COLLEGE OF ARTS AND SCIENCES

TRANSFER CREDIT FORM

We recommend that the graduate credits listed below be transferred.

Department/Program: _____

Departmental Advisor: _____ Date: _____

Advisor's signature (if not submitted electronically): _____

Student's name: _____ SS #: _____

CCAS Degree: _____

Institution at which credits were earned: _____

(NB: CCAS Graduate Office must receive official transcripts)

- **Graduate degree from an accredited institution**

Degree earned: _____ Date awarded: _____

- **Individual Graduate Courses**

| Course Title (and GW equivalent, if any) | Credits | Grade |
|--|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

CCAS action: