

**COLUMBIAN COLLEGE OF ARTS AND SCIENCES  
TRANSFER CREDIT FORM**

**We recommend that the undergraduate 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 Office must receive official transcripts)**

**• Degree from an accredited institution**

Degree earned: \_\_\_\_\_ Date awarded: \_\_\_\_\_

**• Individual Undergraduate Courses**

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

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

CCAS action: