## APPLICATION TO TAKE COURSES FOR TRANSFER CREDIT

Only fully completed forms will be processed

Name			Hampton University ID Number & Email			
Current address (street, city, state and zip code) AND University email address			Telephone Number			
Major field (and concentration, if any)				Catalog Year (Year of acceptance)  S. □ D.P.T. □ Ph.D. □		
Degree	M.B.A.  M.A.  M.S.  M.S.	M.T. □ Ed.S.	. ⊔ D.	P.T.□ Ph.D.□		
I wish to apply for permission	to enroll in the following course(s) at:					
Name of University			University Address			
Fall □ Spring □	Summer					
Semester of which course will be taken			Year			
Course at athe	r institution (course to be transfer	mod)	_	Hampton University Equiv	alent Course	
Course Code/Number	Course Title	Credits		Course Code/Number	Credits	
			=			
			=		_	
No online courses from outside	g copy) from the transferring institution re institutions will be approved as transfer from an outside institution is being offe	r credit.			han it must ha	
approved by the Assistant Prov		red at Hampton	Ullivers	sity during the requested term, to	ien it must be	
Only graduate level courses wi	ith a grade of "B" or better will be accept	ted for transfer o	eredit.			
Student's Signature	Date	Advisor's/I	Program	Coordinator's Signature	Date	
	For Official U	Use Only				
				Approved   Denied   Denied		
Graduate College Dean's S Comments:	Signature Da	ate				