

APPLICATION FOR ACCEPTANCE OF TRANSFER CREDIT
Only fully completed forms will be processed

Name

Hampton University ID

Current address (street, city, state and zip code) AND University email address

Email address Telephone Number

Major field (and concentration, if any)

Phone Number

Catalog Year (Year of acceptance): _____

M.B.A. M.A. M.S. M.T. Ed.S. D.P.T. Ph.D.

Degree

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 other institution (course to be transferred)		
Course Code/Number	Course Title	Credits

Hampton University Equivalent Course	
Course Code/Number	Credits

A course description from the transferring institution must be submitted on file with the Graduate College.

Only graduate level courses with a grade of "B" or better will be accepted for transfer credit.

Student's Signature

Date

Advisor's/Program Coordinator's Signature

Date

Department Chair's Signature

Date

Academic Dean's Signature

Date

For Official Use Only

Approved Denied

Graduate College Dean's Signature

Date

Comments:

