

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 transfer in the following course(s) from:

Name of University _____

University Address _____

Fall Spring Summer

Semester of which course was 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:

***Required Supplemental Information must be included with this form. Please confirm that you have included the following information with this form**

I have attached the Hampton University course descriptions from the academic catalog. YES

I have attached the transfer institutions' course descriptions from their catalog. YES

I have attached the transfer institutions' accreditation information. YES

Student's signature

Date