

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) <u>AND</u> University email address _____	Email address Telephone Number _____
Major field (and concentration, if any) _____	Phone Number _____
	Catalog Year (Year of acceptance): _____
M.B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> M.T. <input type="checkbox"/> Ed.S. <input type="checkbox"/> D.P.T. <input type="checkbox"/> Ph.D. <input type="checkbox"/>	

Degree _____

I wish to apply for permission to transfer in the following course(s) from:

Name of University _____	University Address _____
Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Year _____

Course at other institution (course to be transferred)			Hampton University Equivalent Course		
Course Code/Number	Course Title	Credits		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 _____

<i>For Official Use Only</i>	
_____ Graduate College Dean's Signature	_____ Date
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
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