UNIVERSITY OF SOUTH ALABAMA
GRADUATE SCHOOL
GRADUATE TRANSFER CREDIT RECOMMENDATION
OTHER THAN USA CREDIT HOURS

NAME:_____ **J00**_____
(Last) (First) (Middle) Student Number

ADDRESS:_____
Street City State Zip

E-MAIL ADDRESS:_____ MS/MA/MEd_____ Ph.D._____

I have completed _____ hours in residence at the University of South Alabama. I understand that I must have completed at least nine hours of graduate work at USA and be in regular status in order to receive graduate transfer credit. Official transcripts showing this work are on file in the Registrar's Office. (Course work completed more than seven years prior to the date for graduation may not be counted toward master's degrees. Time limits vary for Ph.D. degrees.)

_____
Signature of Applicant

It is recommended that the above named student receive graduate transfer credit for the following courses (maximum 12 hrs for Master's):

University or College	Term/Year Taken	Course #	Course Title	Cr. Hrs (Sem.)	Grade

These credits will count towards: Hours

( ) Departmental Electives ____

( ) Non-Departmental Electives ____

( ) Substitute for the following courses:

_____ _____

_____ _____

_____ _____

Recommended:

Advisor:_____ Date_____

Dept. Chair _____ Date_____

Director of Graduate Studies _____ Date_____

Approved:

Dean of the Graduate School_____ Date _____

Final Distribution: Registrar (original), Graduate Dean, Graduate Director, Department Chair