UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL
GRADUATE CREDIT TRANSFER RECOMMENDATION

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

Master's Degree (indicate type)_____ or **Doctoral degree** (indicate type)_____

Institution (transferring hours from):_____ **Doctoral Program hours completed** _____

The student has completed _____ hours in residence at the University of South Alabama. Official transcripts showing these hours 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 doctoral degrees.)

It is recommended that the above-named student receive graduate transfer credit for the following courses (maximum 12 hours for Master's. Doctoral hour transfer cannot exceed 50% of total degree hours):

Transferring Institution Courses:				**USA Transfer Course Substitution Recommendations:**				
Term/ Year Taken	**Prefix & Course #**	**Course Title**	**Credit Hours**	**Prefix & Course #**	**Course Title**	**Credit Hours**	**Elective**	**Non-program Elective**

☐ **These credits are from an awarded degree at another institution.**

Total Credit Hours: ____
Total Program Elective Hours: ____
Total Non-Program Elective Hours: ____

Recommended:

Advisor:_____ Date_____

Dept. Chair _____ Date_____

Director, Graduate Studies _____ Date_____

Approved:

Dean of the Graduate School_____ Date _____

Final Distribution: Registrar, Graduate Dean, Graduate Director, Department Chair

Revised 3/26