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)_____

The student has completed _____ hours in residence at the University of South Alabama and has completed at least nine hours of graduate work at USA and is in good academic standing in order to receive transfer credit. 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):

University or College	Term/Year Taken	Course #	Course Title	Credit Hours	Grade

These credits will count towards: Hours

☐ Program Electives _____

☐ Non-Program Electives _____

Substitute for the following courses (list course name and credit 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 5.30.19