

AUGUSTA STATE UNIVERSITY
COLLEGE OF EDUCATION
 Department of Ed. Leadership, Counseling & Special Ed.

SUMMARY OF TRANSFER GRADUATE CREDIT
Master of Education

Student Name _____ Student ID# _____
 Degree Program _____ Major of Concentration _____
 Semester Entering _____ Teaching Field _____ (if applicable)

NO MORE THAN 15 QUARTER HOURS OR 9 SEMESTER HOURS CAN BE TRANSFERRED FROM OTHER INSTITUTIONS.

COLLEGES * _____ ** _____

AUGUSTA STATE UNIV. EVALUATION			PREVIOUS COLLEGE CREDIT					
DEPT. & COURSE #	SEM HRS CREDIT	DESCRIPTIVE TITLE	DEPT & COURSE #	GRADES	HRS SEM	HRS SEM	DESCRIPTIVE TITLE	SEM & YR TAKEN

Total Hours Transferred: _____

Steps for evaluating transfer graduate credit:

This form is to be completed by the major/concentration college or department recommending transfer graduate credit.

The form is then forwarded to the Dean of Education for approval.

The Dean of Education will then send the form to the Registrar for the credit to be entered on the student's permanent record and for notification to be mailed to the student.

 Advisor Date

 Department Chair Date

 Dean of Education Date

RECEIVED AND POSTED BY THE REGISTRAR: _____ / _____ (Date)