COLLEGE OF HEALTH AND HUMAN SCIENCES
BYRDINE F. LEWIS SCHOOL OF NURSING

Request for Evaluation of Transfer Credit - Graduate

INSTRUCTIONS: Part I and II are to be filled out by the student.

- **A separate form must be filled out for each institution from which credit is requested.**
- **Please do not leave any spaces blank.**
- **If course work was taken prior to enrollment in GSU, a transcript is not required. If course work was taken after enrolling at GSU, an official transcript (in a sealed envelop from the transfer institution) must be sent directly to:**

Attn: Barbara Smith
Office of Academic Assistance
College of Health and Human Sciences
P.O. Box 3995
Atlanta, GA 30302-3995

PART I.

Student's Name_____ Panther ID. # _____
Dept./School _____ Specialty _____ Advisor _____
College/University Where Courses Were Taken _____
Dates Attended From _____ to_____
Year/Month Year/Month

PART II.

IMPORTANT

Course Prefix & Number	Course Title (As it appears on the transcript)	Semester/ Quarter	Credit Hour	Grade	List Here the GSU Degree Requirement This Course Will Satisfy

PART III.

APPROVAL: _____ Approved Not Approved
Advisor

_____Approved Not Approved
Department Chairman/Graduate Director or Coordinator