

Undergraduate Transfer Credit Approval Form

Transfer approval is not guaranteed; approval should be obtained BEFORE registering at the other institution. Schools must be regionally accredited in order for credit to transfer.

GWID		LAST NAME	FIRST NAME	ľ	MAJOR		EMAIL ADDRESS
This credit is:	☐ Pre-Matricu	ulation at GW Post-Matrice	ulation at GW				
 Bring a cou Return the 	rse descripti completed a	on and/or syllabus to the app nd approved form with course	ersity catalog/bulletin at the otl ropriate GW department to sec e description and/or syllabus to discuss with your Academic Ac	cure transfer approval for a G o your Advising Office; studei	W equivalent nts should <i>not</i> submi	t this form to the	Registrar's Office
OTHER COLLEGE/UNIVERSITY YOU PLAN TO ATTEND				CITY, STATE OF COLLEGE/UNIVERSITY (OR SPECIFY CAMPUS)			SEMESTER/YEAR OF ATTENDANC
SUBJECT	JBJECT COURSE TITLE NUMBER		E	GW EQUIVALENT DEPT. APPROVAL (FOR GW DEPT. USE) (PRINT)		NAME DEPT. APPROVAL SIGNATURE	
 Only credit semester c You may no No more th An official th Office of th 	ust be taken in hours transforedit hours (in the awarde nan 9 credit hours) ar Registrar, 4	er, grades do not transfer and .e. 3 quarter hours = 2 semest d transfer credit for a GW cou ours or 3 courses may be tran st be sent to the Registrar upo 14983 Knoll Square, Suite 390	grade of C- must be earned in do not count towards your GP eer hours); students are respon rse previously completed with asferred after enrollment at GW on completion of the coursewo , Ashburn, VA 20147 or transfe	PA. Credit hours taken at instit sible for knowing whether the a passing grade (except for o / ork: orcredit@gwu.edu	eir school follows a q designated courses w	uarter/trimester vith specific dep	
AUTHORIZED SCHOOL OFFICIAL SIGNATURE:				DATE:	Advising Office Review: Any post-matric. TR credits?		
ASSOCIATE DEAN SIGNATURE:				DATE:			

Reviewer/Date