



Last Name: _____ First Name: _____ MI: _____

CWID: _____

Transfer credit is granted for the following course(s) taken at:

Name of College

City and State

Course Information from Other College			Equivalent Citadel Course Information
Course Prefix and Number <i>Ex. ENGL 501</i>	Course Term and Year <i>Ex. Spring 2017</i>	Grade Earned	Course Prefix and Number <i>Ex. ENGL 101</i>

*Please ensure you have submitted an official copy of your transcript to the office of the Registrar prior to submitting this form.

Advisor Signature

Date

Program Coordinator Signature

Date

Office Use Only

Recorded to Banner: _____
Initials

Date