Graduate Transfer Credit Request

Student Name: _____Student ID: _____

AU Degree/Major: _____

Originating Institution: _____

Student Instructions:

1. Complete Transfer Equivalency and Degree Applicability Section below.
2. Attach Course Syllabus for each course added.
3. Email completed form to **enrollment@andersonuniversity.edu**. You will be sent an email confirmation once the form has been received. *NOTE:* **Incomplete forms will not be processed.**

Transfer Equivalency and Degree Applicability (Completed by student)				AU Credit (Completed by Program Coordinator)	
Originating Course Code	**Originating Course Title**	**Grade Earned**	**Credit Hours**	**Transfer Credit Awarded? Yes/No**	**AU Course**
Example: BUS 5500	Intro to OT 1	A	3	YES	CHR ELEC

Program Coordinator Name:_____Date:_____

Program Coordinator Signature:_____Date:_____

Registrar Approval: _____ Date:_____

Student, ASA (Academic Success Advisor), and EC (Enrollment Counselor) will receive email confirmation once transfer credit has been determined.