

# Graduate Student Transfer Credit Request

CCAS Office of Graduate Studies  
 Smith Hall 118  
 801 22<sup>nd</sup> Street, NW  
 Washington, DC 20052  
 Email: [ccasgradserv@gwu.edu](mailto:ccasgradserv@gwu.edu)  
 Phone: 202-994-6210



**Please read the instructions before completing this form.**

## Instructions

- All requests for transfer credit must be made in the students first year of their degree program.
- Please refer to the GW Bulletin for the CCAS transfer credit policy.
- Please enter the GW equivalent course for each course that is transferring. If there is no equivalent and you are accepting the credits as electives, please enter *Elective Requirement*.
- Transfer credit requests will only be considered if an updated official transcript is on file.
- This form must be completed in full. Once completed, please email to [ccasgradserv@gwu.edu](mailto:ccasgradserv@gwu.edu).
- This form must be submitted by department; it will not be accepted from student.

Student Name \_\_\_\_\_ GWID \_\_\_\_\_

Department/Program \_\_\_\_\_ Degree \_\_\_\_\_

Institution attended \_\_\_\_\_

Dates of attendance (e.g. 02/2018 - 06/2019) \_\_\_\_\_

Did the student earn a degree? Yes          No          If yes, degree earned \_\_\_\_\_

Field of study (at institution where credits were earned) \_\_\_\_\_

| Semester Completed | Course Title & Number | Grade | GW Equivalent and Credits<br>(i.e. BIOL 6550 3 credits)<br><i>Completed by department</i> |
|--------------------|-----------------------|-------|---|
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
| _____              | _____                 | _____ | _____   |
|                    |                       |       | <b>Total credits</b> _____  |

Student \_\_\_\_\_ Date \_\_\_\_\_

DGS Signature \_\_\_\_\_ Date \_\_\_\_\_