

North Carolina Central University GRADUATE CREDIT TRANSFER REQUEST FORM

Department: _____ Major: _____

Student's Name: _____ Banner ID: _____

Email Address: _____ Phone No.:(_____) _____

University credits are being transferred from: _____

List below all transferable courses (left column) and the NCCU equivalent courses (right column).

Transferable Courses # and Title	Sem. Hrs.	NCCU Equivalent Course # and Title	Sem. Hrs.

To convert quarter hours to semester hours, multiply the number of quarter hours by 2/3.

Approval Signatures

Advisor: _____

Date: _____

Chair: _____

Date: _____

Dean: _____

Date: _____

Additional Approval for Graduate Students Only:

Graduate School Dean: _____

Date: _____