HAMPTON UNIVERSITY
The Graduate College

_____
Graduate College
Counselor

APPLICATION FOR ACCEPTANCE OF TRANSFER CREDIT

Only fully completed forms will be processed

_____ _____
Name Hampton University ID

_____ _____
Current address (street, city, state and zip code) AND University email address Email address Telephone Number

_____ _____
Major field (and concentration, if any) Phone Number

Catalog Year (Year of acceptance): _____

M.B.A. ◯ M.A. ◯ M.S. ◯ M.T. ◯ Ed.S. ◯ D.P.T. ◯ Ph.D. ◯

Degree

I wish to apply for permission to transfer in the following course(s) from:

_____ _____
Name of University University Address

Fall ◯ Spring ◯ Summer ◯ _____ _____
Semester of which course was taken Year

Course at other institution (course to be transferred)				Hampton University Equivalent Course	
Course Code/Number	Course Title	Credits		Course Code/Number	Credits
			=		
			=		
			=		

A course description from the transferring institution must be submitted on file with the Graduate College.

Only graduate level courses with a grade of "B" or better will be accepted for transfer credit.

_____ _____
Student's Signature Date Advisor's/Program Coordinator's Signature Date

_____ _____
Department Chair's Signature Date Academic Dean's Signature Date

For Official Use Only

_____ Approved ◯ Denied ◯
Graduate College Dean's Signature Date

Comments:
_____
_____
_____

Double-sided form, please flip

***Required Supplemental Information must be included with this form. Please confirm that you have included the following information with this form**

I have attached the Hampton University course descriptions from the academic catalog. YES ◯

I have attached the transfer institutions' course descriptions from their catalog. YES ◯

I have attached the transfer institutions' accreditation information. YES ◯

_____ _____

Student's signature Date

Double-sided form, please flip